

Ninety-ninth Annual Report
of the
Massachusetts
Eye and Ear Infirmary

Incorporated in 1827

For the Year

1924

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.30 to 10.00 A.M., for examination and treatment of all poor persons afflicted with disease of the eye or ear. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express, or messenger.

Admission fee: Adults, fifty cents; children under sixteen years of age, fifteen cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 P.M., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-one dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

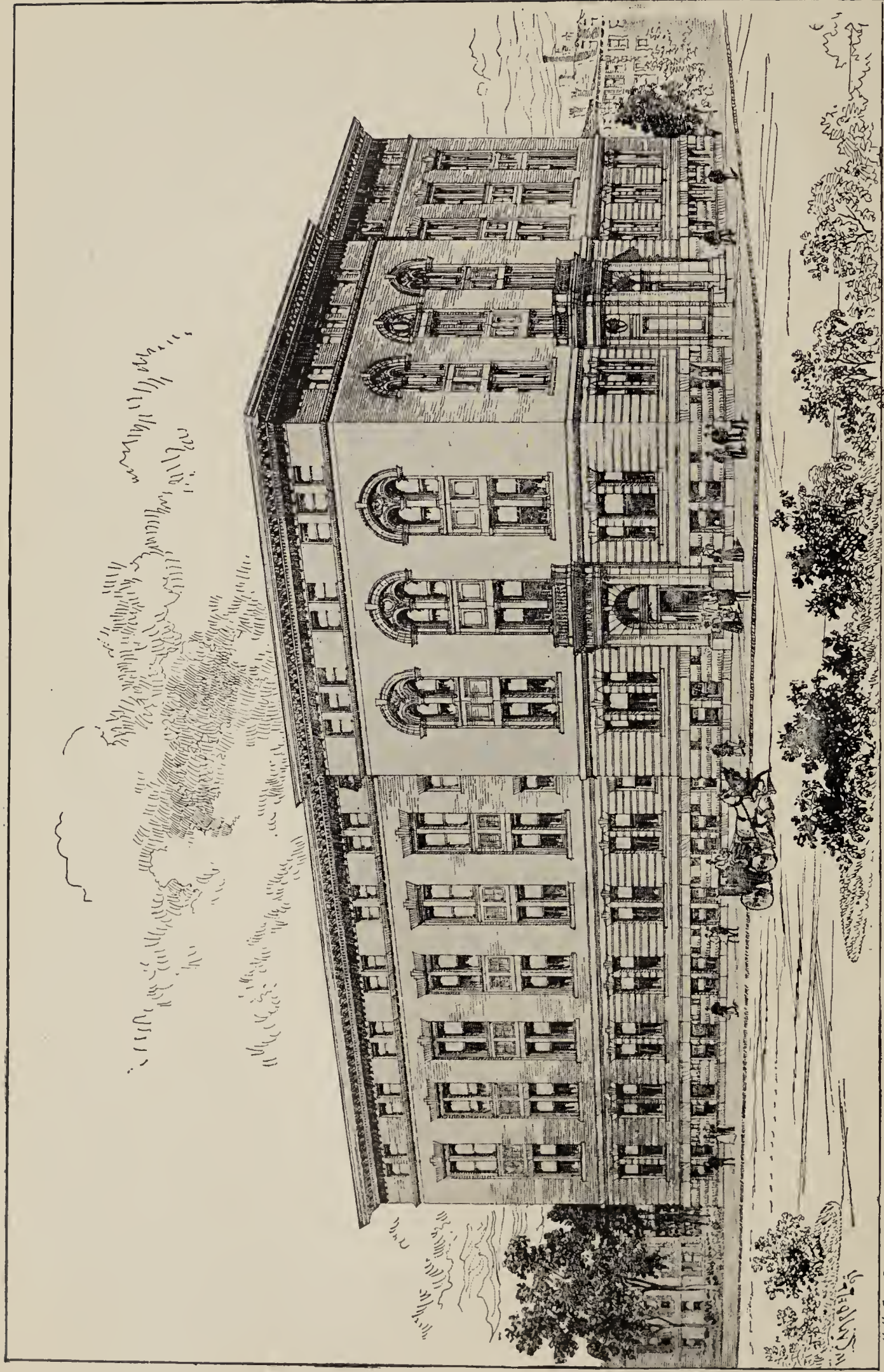
Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over seven years of age. Children under seven years of age may be visited on Sundays and legal holidays from 1 to 2 P.M., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient.

The Infirmary reserves the right to investigate every case.



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CUT
NOT CUT

EDGE
TOP

1 MOR.
2 CALF
ROAN
COW
SHEEP
BUFF
CLOTH
CANVAS

BACK

Ninety-ninth Annual Report
1 VOLS.

FULL

STIFF

SEMI-FLEX

FLEX { FLUSH
TURNED

Bundle

Cloth

Canvas

Art. Vell.

Paper

Lining

LACED
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CORNERS

Black Blue Green Red Brown
Olive Corn Col. Russ. Red

To be done

Send,

Address,

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Mass Eye & Ear
Infirmary

Mr

Piping

Boston

227

MAIN BUILDING

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2 ROAN

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Bundle

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Living

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THE CORNERS

Black Blue Green Red Brown
Olive Gold Col Moss Red

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Ninety-ninth Annual Report

of the

Massachusetts
Eye and Ear Infirmary

For the Year

1924

Boston

Thomas Todd Company

PRINTERS

Boston

Officers, 1925

Board of Managers, 1924-1925

- 1887 GEORGE P. GARDNER, 40 State Street
1903 WILLIAM C. ENDICOTT, 71 Ames Building
1903 RUSSELL G. FESSENDEN, 50 State Street
1905 HERBERT M. SEARS, 53 State Street
1907 CHARLES P. CURTIS, 71 Ames Building
1907 ROBERT H. STEVENSON, Jr., 268 Summer Street
1907 JOHN LAWRENCE,* 10 State Street
1914 JAMES DEAN, 19 Congress Street
1914 JAMES C. HOWE, 17 Court Street
1918 EDWARD H. BRADFORD, M.D., 253 Newbury Street
1922 ALBERT L. SCOTT, Lockwood, Greene & Co., Inc., 24 Federal Street
1922 T. JEFFERSON COOLIDGE, 17 Court Street
1924 PHILIP STOCKTON, Manchester, Massachusetts
1925 LEVERETT SALTONSTALL,* 55 Congress Street

President

EDWARD H. BRADFORD, M.D.

Secretary

JAMES C. HOWE, 17 Court Street, Boston

Treasurer

JAMES DEAN, 19 Congress Street, Boston

Executive Committee

GEORGE P. GARDNER

HERBERT M. SEARS

JOHN LAWRENCE

Finance Committee

RUSSELL G. FESSENDEN

ROBERT H. STEVENSON, Jr.

JAMES C. HOWE

* Appointed by the Commonwealth.

MASSACHUSETTS EYE AND EAR INFIRMARY

Visiting Committee

January . . .	MR. FESSENDEN	July . . .	MR. STOCKTON
	MR. SEARS		MR. STEVENSON
February . . .	MR. SEARS	August . . .	MR. STEVENSON
	DR. BRADFORD		MR. COOLIDGE
March	DR. BRADFORD	September .	MR. COOLIDGE
	MR. SCOTT		MR. CURTIS
April	MR. SCOTT	October . . .	MR. CURTIS
	MR. HOWE		MR. ENDICOTT
May	MR. HOWE	November .	MR. ENDICOTT
	MR. DEAN		MR. GARDNER
June	MR. DEAN	December .	MR. GARDNER
	MR. STOCKTON		MR. FESSENDEN

Ladies' Visiting Committee

MRS. RICHARD C. CURTIS, *Chairman*

MISS ELIZABETH BEAL	MRS. GEORGE H. LYMAN, Jr.
MRS. G. COLKET CANER	MISS TERESA MERRIAM
MRS. LOUIS CURTIS, Jr.	MRS. HENRY MINOT
MRS. C. S. DAVIS	MRS. JOHN R. MUNN
MRS. SAMUEL ELIOT	MISS ANNIE ENDICOTT NOURSE
MRS. WILLIAM ENDICOTT	MISS CAROLINE OLIN
MRS. JOHN C. FAIRCHILD	MRS. RICHARD C. PAINE
MISS EDITH FITZ	MRS. HAROLD PEABODY
MRS. WILLIAM S. FORBES	MRS. JOHN K. POST
MRS. REGINALD FOSTER	MRS. OTIS RUSSELL
MRS. CATHARINE GARDNER	MRS. LESLIE SOULE
MISS ALICE HALL	MRS. P. A. STEPHEN
MRS. R. CUSHING HAMLEN	MRS. WALTER K. STURGES
MRS. BARTLETT HARWOOD	MISS CONSTANCE VAILLANT
MISS MILDRED KENNEDY	MISS FRANCES WELD
MISS CLARA B. WINTHROP	

Executive Officers

Director

FREDERIC A. WASHBURN, M.D.

Assistant to the Director

SOPHIA B. EASTMAN, R.N.

OFFICERS, 1925
Surgical Board

Consulting Ophthalmic Surgeons

HENRY W. BRADFORD, M.D.	HENRY H. HASKELL, M.D.
H. BECKLES CHANDLER, M.D.	ALEXANDER QUACKENBOSS, M.D.
MYLES STANDISH, M.D.	WALTER B. LANCASTER, M.D.
EDWIN E. JACK, M.D.	FRED M. SPALDING, M.D.

Consulting Aural Surgeons

FREDERICK L. JACK, M.D.	FRANCIS P. EMERSON, M.D.
WILLIAM F. KNOWLES, M.D.	EUGENE A. CROCKETT, M.D.

Ophthalmic Chief of Service

GEORGE S. DERBY, M.D.

Aural Chiefs of Service

PHILIP HAMMOND, M.D.	D. HAROLD WALKER, M.D.
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Laryngological Chief of Service

HARRIS P. MOSHER, M.D.

Ophthalmic Chief of Research

FREDERICK H. VERHOEFF, M.D.

Ophthalmic Surgeons

FREDERICK H. VERHOEFF, M.D.	SAMUEL J. McDONALD, M.D.
PETER H. THOMPSON, M.D.	W. HOLBROOK LOWELL, M.D.

Aural Surgeons

HARRIS P. MOSHER, M.D.	GEORGE L. TOBEY, Jr., M.D.
LEON E. WHITE, M.D.	CALVIN B. FAUNCE, M.D.

Laryngologists

D. CROSBY GREENE, Jr., M.D.	HARRY A. BARNES, M.D.
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Assistant Ophthalmic Surgeons

EDWARD K. ELLIS, M.D.	JOHN G. JENNINGS, M.D.
RALPH A. HATCH, M.D.	ROLAND C. MACKENZIE, M.D.
HENRY HAWKINS, M.D.	HENRY G. CARROLL, M.D.
HUGO B. C. RIEMER, M.D.	HAROLD B. CHANDLER, M.D.
CLARENCE F. WORTHEN, M.D.	RALPH H. RUGGLES, M.D.
EDWIN B. GOODALL, M.D.	ROBERT C. CHENEY, M.D.

MASSACHUSETTS EYE AND EAR INFIRMARY

Assistant Aural Surgeons

FREDERICK L. BOGAN, M.D.	WILLIAM J. HARKINS, M.D.
DANA W. DRURY, M.D.	GEORGE H. POIRIER, M.D.
JOHN H. BLODGETT, M.D.	CHARLES T. PORTER, M.D.
D. CAMPBELL SMYTH, M.D.	FRED A. SIMMONS, M.D.
HARRY P. CAHILL, M.D.	HAROLD G. TOBEY, M.D.
OLIVER A. LOTHROP, M.D.	WILLIAM I. WIGGIN, M.D.
PHILIP E. MELTZER, M.D.	

Associate Laryngologists

FREDERICK E. GARLAND, M.D.	CALVIN B. FAUNCE, M.D.
D. CAMPBELL SMYTH, M.D.	WILLIAM J. HARKINS, M.D.
WILLIAM I. WIGGIN, M.D.	

Teaching Fellow in Ophthalmology

J. HERBERT WAITE, M.D.

Ophthalmic Clinical Assistants

BARRY H. BURGESS, M.D.	ALPHONSO F. RAYNES, M.D.
MAUD CARVILL, M.D.	JAMES J. REGAN, M.D.
EDWIN B. DUNPHY, M.D.	FRED S. THORNE, M.D.
PERCY C. PROCTOR, M.D.	SAMUEL H. WILKINS, M.D.

Aural Clinical Assistants

CHARLES O. DAY, M.D.	EDWIN A. MESERVE, M.D.
HARRY P. FINCK, M.D.	JOSEPH M. SCANLON, M.D.
JAMES C. KIRBY, M.D.	LEROY A. SCHALL, M.D.
CHARLES D. KNOWLTON, M.D.	LEON E. WHITE, Jr., M.D.

Assistant Laryngologists

CHARLES O. DAY, M.D.	CHARLES D. KNOWLTON, M.D.
HARRY P. FINCK, M.D.	GEORGE H. POIRIER, M.D.
EDWARDS W. HERMAN, M.D.	CHARLES T. PORTER, M.D.
V. H. KAZANJIAN, M.D.	LEROY A. SCHALL, M.D.
JAMES C. KIRBY, M.D.	FRED A. SIMMONS, M.D.
HAROLD G. TOBEY, M.D.	

Dentist

GEORGE H. WRIGHT, D.M.D.

Pathologist

FREDERICK H. VERHOEFF, M.D.

OFFICERS, 1925

Roentgenologist

A. S. MACMILLAN, M.D.

Consulting Physicians

C. MORTON SMITH, M.D.	WILLIAM B. ROBBINS, M.D.
JAMES H. MEANS, M.D.	WILLIAM D. SMITH, M.D.
FREDERICK T. LORD, M.D.	GERALDO M. BALBONI, M.D.
GERALD BLAKE, M.D.	F. GORHAM BRIGHAM, M.D.
JOSEPH C. AUB, M.D.	JOHN H. TAYLOR, M.D.
ARLIE V. BOCK, M.D.	HYMAN MORRISON, M.D.
PAUL D. WHITE, M.D.	MAURICE FREMONT-SMITH, M.D.
HENRY F. HEWES, M.D.	WILLIAM B. BREED, M.D.
FRANCIS M. RACKEMANN, M.D.	RANDALL CLIFFORD, M.D.
THEODORE J. EASTMAN, M.D.	MARGARET V. GROGAN, M.D.
HARRY LINENTHAL, M.D.	ROGER P. DAWSON, M.D.
GEORGE S. HILL, M.D.	

Physician to Children

FRITZ B. TALBOT, M.D.

Assistants in the Care of Children

J. HERBERT YOUNG, M.D.	WILLIAM R. P. EMERSON, M.D.
RICHARD S. EUSTIS, M.D.	JOSEPH GARLAND, M.D.

Consulting Surgeons

SAMUEL J. MIXTER, M.D.	LINCOLN DAVIS, M.D.
CHARLES A. PORTER, M.D.	W. JASON MIXTER, M.D.
EDWARD P. RICHARDSON, M.D.	WYMAN WHITTEMORE, M.D.
GEORGE W. W. BREWSTER, M.D.	RICHARD H. MILLER, M.D.
ROBERT B. GREENOUGH, M.D.	CHANNING C. SIMMONS, M.D.
DANIEL F. JONES, M.D.	BETH VINCENT, M.D.
HUGH WILLIAMS, M.D.	JOHN W. CUMMIN, M.D.

Consulting Orthopedic Surgeons

NATHANIEL ALLISON, M.D.	MARK H. ROGERS, M.D.
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Consulting Genito-Urinary Surgeon

J. DELLINGER BARNEY, M.D.

Consulting Neurologists

EDWARD W. TAYLOR, M.D.	JAMES B. AYER, M.D.
GEORGE CLYMER, M.D.	

MASSACHUSETTS EYE AND EAR INFIRMARY

Consulting Dermatologists

CHARLES J. WHITE, M.D. FREDERICK S. BURNS, M.D.
E. LAWRENCE OLIVER, M.D.

Consultant in Contagious Diseases

EDWIN H. PLACE, M.D.

Consulting Pathologists

J. HOMER WRIGHT, M.D. OSCAR RICHARDSON, M.D.

Consulting Anesthetists

FREEMAN ALLEN, M.D. ARTHUR M. DODGE, M.D.

Refractionists

CHARLES H. MERRILL, M.D. ALFRED C. TRULL, M.D.
RALPH H. RUGGLES, M.D.

House Staff

Ophthalmic Internes

RAYMOND J. SISSON, M.D. FRANKLIN R. WEBSTER, M.D.
BENJAMIN SACHS, M.D. RAYMOND E. MEEK, M.D.
PAUL A. CHANDLER, M.D. DAVID BRIDGWOOD, M.D.

Aural and Laryngological Internes

FRED E. MOTLEY, M.D. HERMAN A. WINKLER, M.D.
STEPHEN G. ROTHWELL, M.D. JOSIAH E. QUINCY, M.D.
GUS BERNARD FRED, M.D. GORDON D. HOOPLE, M.D.

Children's Medical Internes

RALPH G. OGDEN, M.D. JAMES T. FALLON, M.D.

Superintendent of Nurses

SALLY JOHNSON, R.N.

Chief Social Worker

JESSIE M. C. HUME, R.N.

Report of the Board of Managers

The fiscal year of the Infirmary has been changed to conform to the calendar year. The period recorded in this report comprises 15 months from October 1, 1923, to January 1, 1925, but statistical tables are given upon annual basis for purposes of comparison with other years.

The Board of Managers records with satisfaction that the Massachusetts Eye and Ear Infirmary has concluded another successful year. House patients, to the number of 1,536, received attention during the three months, October 1, 1923, to January 1, 1924, and there were 17,678 out-patient visits made during the same period. During the year, January 1, 1924, to January 1, 1925, there were admitted 7,060 house patients and 70,204 out-patient visits were made.

A careful reading of the reports of the Director and the Heads of the various services and departments will reveal the fact that the previous high standards set by the Infirmary have been maintained. These reports also show that many people are ministered to by the Infirmary in a great variety of ways and that the Infirmary is developing a deepening and widening circle of usefulness.

The past fifteen months has witnessed more than the usual number of changes in the Board of Managers and in the personnel of the staff. Mr. Henry Parkman, a member of the Board since 1893 and Treasurer since 1905, resigned from the Board on account of ill health, on April 30, 1924. He died June 23, 1924. Mr. James Dean was elected Treasurer on April 30, 1924, and Mr. Philip Stockton was elected to the Board of Managers to succeed Mr. Parkman on November 10, 1924. During the year also Mr. W. D. Sohler, a member of the Board appointed by the Governor of the Commonwealth,

MASSACHUSETTS EYE AND EAR INFIRMARY

resigned, and Mr. Leverett Saltonstall was appointed to succeed him, his appointment taking effect on January 7, 1925.

Dr. E. A. Crockett, Aural Chief of Service, resigned on April 30, 1924, and his resignation took effect on July 1, 1924, at which time he became Consulting Aural Surgeon. Dr. Crockett's long and distinguished service to the Infirmary began in 1891 when he became an Aural Interne. In 1893 he was appointed Clinical Assistant, and in 1897 Assistant Aural Surgeon. In 1904 he was made Aural Surgeon, and in 1913 Chief of Aural Service, which position he gave up in 1924 after thirty-three years of continuous service to the Infirmary devoted to the cause of humanity and the relief of human suffering.

On June 13, 1924, Dr. D. Harold Walker was appointed Aural Chief of Service, to succeed Dr. Crockett, his appointment effective July 1, 1924.

On November 10, 1924, Dr. Fred M. Spalding resigned as Ophthalmic Chief of Service and was appointed Consulting Ophthalmic Surgeon. Dr. Spalding became Ophthalmic House Officer in 1899, and Assistant Ophthalmic Surgeon in 1901. In 1913 he was appointed Ophthalmic Surgeon, and in 1920, Ophthalmic Chief of Service. The Infirmary has indeed been fortunate in having had the devoted services of Dr. Spalding during all these years.

Following the resignations of Dr. Quackenboss and Dr. Spalding, the Ophthalmic Department was reorganized with Dr. George S. Derby as Ophthalmic Chief of Service.

With so many interesting activities to record it is hoped that the various reports will be read in full. The Board feels, however, that the supporters of the Infirmary will be particularly interested in reading the report of the Ladies Visiting Committee. To this committee your Board extends its appreciative thanks.

The period has also witnessed a marked improvement in the nursing service and in the quality of the instruction in the nurses' training school.

REPORT OF THE BOARD OF MANAGERS

We commend also a careful reading of the report of the Department of Social Service. Here the Infirmary touches individuals and families in a most helpful manner.

Continued improvements in the physical plant are required to maintain the efficiency of the Infirmary. Over \$9,000 has been spent this year in this manner. In the Director's report the pressing needs of the Infirmary are explained in detail.

It will be evident from a reading of these reports how much thought and care and toil have gone into the service of the Infirmary during the past fifteen (15) months. To the Director and Assistant to the Director, the Consulting Surgeons, the Chiefs of Service, and to the other members of the staff of surgeons, physicians and nurses, the Board wishes to express publicly its appreciation of their loyalty and their effort to control disease.

The Managers gratefully acknowledge the following legacies during the past fifteen (15) months:—

Joseph Thompson	\$ 1,525.00
Charles A. Vialle	3,000.00
Charles G. Green	35,884.93
Henry Parkman	2,500.00
Joseph B. Glover	28,650.00
Frances E. Moseley	24,000.00
Anna P. Rogers	10,000.00

R. G. FESSENDEN, *Chairman,*

JAMES DEAN,

ALBERT L. SCOTT,

Committee of the Board of Managers.

Report of the Treasurer

Statement of Income—Receipts and Disbursements for 15 months ending December 31, 1924

	3 months ending Dec. 31, 1923	Year ending Dec. 31, 1924	15 months ending Dec. 31, 1924
Hospital Receipts as per Director's Report	\$68,666.07	\$274,482.40	\$343,148.47
Less:			\$843,148.47
Hospital Disbursements as per Director's Report:			
General Expenses	\$80,806.41	\$304,935.92	\$385,742.88
Social Service	3,863.56	13,474.90	16,838.46
			<u>\$402,580.79</u>
Treasurer's Expenses:			
Insurance		\$2,185.71	\$2,185.71
Auditors and Bookkeeping		900.00	1,000.00
Legal Expense	\$100.00	150.00	157.00
Miscellaneous Expenses	7.00	489.82	489.82
Advertising		280.00	230.00
			<u>4,062.53</u>
Extraordinary Expenses:			
Cafeteria—Nurses' Dining Room		\$1,265.69	\$1,265.69
Oil Burning Equipment—Nurses' Home		2,298.75	2,298.75
New Operating Room	\$1,292.37		1,292.37
Kitchen	185.96	47.28	233.24
X-Ray Department		2,030.02	2,030.02
Utility Room		1,155.19	1,155.19
Surgeons' Room—Private Floor		91.46	91.46
Piazza Renovation		694.61	694.61
	<u>\$85,755.30</u>	<u>\$329,949.35</u>	<u>9,061.33</u>
Excess of Operating Expenditures over Hospital Receipts	\$17,089.23	\$55,466.95	<u>\$72,556.18</u>

Less:

Income from Real Estate	.	.	.	.	\$	816.86	\$	816.86
Income from Investments	.	.	.	.		40,052.47		40,052.47
Interest on Deposits	.	.	.	.		682.65		682.65
Annuities	.	.	.	.		5,500.00		5,500.00
Income from Aural Surgeons' Fund—portion expended	.	.	.	.		247.60		247.60
Income from Charles G. Green Estate	.	.	.	.		5,982.67		5,982.67
Income from Joseph B. Glover Estate	.	.	.	.		2,859.80		2,859.80
Committee of the Permanent Charity Fund, Inc.	.	.	.	.		3,750.00		3,750.00
Contributions for General Purposes	.	.	.	.		8,181.13		8,181.13

\$68,073.18

Income from Brooks Fund for Social Service	.	.	.	.	\$	312.90		
Income from Sears Fund for Social Service	.	.	.	.		1,251.60		
Contributions for Social Service	.	.	.	.		3,492.70		

5,057.20

*3,753.91

[13] Contributions for Special Purposes—portion expended
 *Unexpended Sept. 30, 1923 \$ 738.99
 Subscriptions 6,064.61

Expended during period \$6,803.60
 3,753.91

Unexpended Dec. 31, 1924 \$3,049.69

EXCESS OF INCOME RECEIPTS OVER DISBURSEMENTS FOR THE 15 MONTHS ENDING DECEMBER 31, 1924 . . . \$4,328.11

Less:

Income—Aural Surgeons' Fund—portion unexpended and added to Principal	.	.	.	.		\$560.26		
Income—Maintenance Gardiner Building Fund added to Principal	.	.	.	.		625.80		
Income—Weber Fund—one-half added to Principal	.	.	.	.		108.69		
Income unexpended—Theodore Chase Fund	.	.	.	.		156.45		

1,451.20

BALANCE CARRIED TO GENERAL FUND

\$2,876.91

Social Service Work

Statement of Receipts and Disbursements

For the three months ending December 31, 1923
and for the year ending December 31, 1924

	Three months ending Dec. 31, 1923	Year ending Dec. 31, 1924	Fifteen months ending Dec. 31, 1924
RECEIPTS:			
Income from Sears Fund	\$250.32	\$1,001.28	\$1,251.60
Income from Brooks Fund	62.58	250.32	312.90
Contributions	300.00	3,192.70	3,492.70
TOTAL RECEIPTS FOR SOCIAL			
SERVICE WORK	\$612.90	\$4,444.30	\$5,057.20
DISBURSEMENTS:			
Salaries of Workers	\$3,054.26	\$12,240.54	\$15,294.80
Expenses	196.45	933.82	1,130.27
Relief	112.85	300.54	413.39
TOTAL DISBURSEMENTS FOR			
SOCIAL SERVICE WORK	\$3,363.56	\$13,474.90	\$16,838.46

JAMES DEAN,
Treasurer.

PATTERSON, TEELE AND DENNIS,
Accountants and Auditors.

Report of the Ladies Visiting Committee

The Ladies Visiting Committee of the Massachusetts Eye and Ear Infirmary is getting larger every year; but still it is not large enough, but we have hopes and enthusiasm to be a great deal larger and more efficient in the near future. The aim of the Ladies is to coöperate with the ideals and plans of the Infirmary and to help the patients through their illness.

The Ladies visit the various wards regularly and read to the patients and write letters for the patients. They play with the children and bring toys to the children. The Nursery is very much in the heart of every one, and the Ladies try to make it look as pretty as possible in every way. This year we did over the walls in putting "a Mother Goose story frieze" around the room; and we give Valentine, Easter, May Day, and Halloween and Christmas parties for the children.

The Ladies try to help the Social Service Department and during the year 1924 they collected enough money to pay the salaries of a Social Service Eye Worker and an Ear Worker.

One of the important reasons for having a Ladies Visiting Committee is to get all the outside interest possible into the Infirmary. The Infirmary, as do all hospitals, needs the cheering interest and help from the outside world. The more happiness brought in from the outside world to a ward full of ill patients brings more pleasure to the patients and nurses and doctors than any words can ever express.

Thanks are extended to the Speech Readers Guild for its very generous help in the making of surgical dressings and supplies for the Hospital during the past year.

MRS. RICHARD C. CURTIS,

Chairman.

Report of the Director

TO THE BOARD OF MANAGERS:

Gentlemen: I have the honor to submit my tenth report to your Board. Although this report is for the fifteen months ending January 1, 1925, tables are given upon an annual basis for purpose of comparison.

The following table shows the pay and free days of patients admitted to the hospital, exclusive of the private ward, for the last five years:

1920		1921	
Free	Full Rate	Free	Full Rate
*20,920	19,671	*29,459	16,963
(40,591)		(46,422)	
1922		1923	
Free	Full Rate	Free	Full Rate
*25,792	19,325	*27,030	19,881
(45,117)		(46,911)	
1924			
	Free	Full Rate	
	*25,531	21,209	
	(46,740)		
October 1, 1924, to January 1, 1925			
	Free	Full Rate	
	*5,166	5,432	
	(10,598)		

The following are comparative figures at a ten-year interval:

<i>House Patients:</i>					<i>Out-Patient Visits:</i>		
Year	Ophth.	Aural	Nose and Throat	Total	Ophth.	Aural	Total
1914	1,805	1,825		3,630	34,574	24,198	58,772
1924	1,635	529	2,903	5,067	46,387	24,392	70,779
<i>Hospital Receipts:</i>					<i>Hospital Expenditures:</i>		
1914	\$ 34,050.31				\$127,930.06		
1924	276,248.57				323,265.93		

*These figures are obtained by taking the amount of money received for board of patients in public wards, and dividing that figure by the full rate of board prevalent at the time. This gives the number of days of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

REPORT OF THE DIRECTOR

The following are noteworthy events for the period covered by this report:

The necessary steps have been taken to change the name of the Infirmary, from the "Massachusetts Charitable Eye and Ear Infirmary" to the "Massachusetts Eye and Ear Infirmary." This was done because of the fact that many of our patients, who pay the full rate of board, objected to having their friends and neighbors infer from the name of the Institution that they were free patients. It was found that the physicians of the Staff were practically unanimous in their belief that the change of name should be made, because they found that the old name hindered them in persuading patients to come to the Hospital.

The fiscal year has been changed. It is the custom of most institutions of the character of the Infirmary to have their fiscal year coincide with the calendar year. It is a convenience to us and to them in comparing statistics and financial statements to have our financial years correspond. The Managers of the Hospital have, therefore, authorized such a change.

The Ladies Visiting Committee, Mrs. Richard C. Curtis, Chairman, has been most active and helpful. Its numbers have been largely increased. We are very grateful for its generous aid and support.

During the period under review, a Children's Medical House Officer has been added to our Staff, and the Children's Medical Department at the Massachusetts General Hospital has undertaken a daily Staff visit upon our children. This means better and more detailed care for them, and the apparent success of this method of handling the need is most gratifying.

Much money and time and thought have been devoted to the improvement of the Nursing Service at the Infirmary. We believe that the results have justified these efforts, and that this Service is now on a higher level than it has ever been before.

MASSACHUSETTS EYE AND EAR INFIRMARY

The following items are those of extraordinary expense during this fifteen months' period:

Kitchen Account	\$ 233.24
New Eye Operating Room—Private Ward	1,292.37
Oil Burning Equipment—Nurses' Home	2,298.75
Cafeteria—Nurses' Dining Room	1,265.69
X-Ray Machine	2,030.02
New Utility Room—2d Floor	1,155.19
Remodelling Piazzas	694.61
Surgeons' Room—Private Ward	91.46
	\$9,061.33

The improvement of our facilities, as they indicate, has well justified their cost.

The following are the major needs of the Infirmary:

1. A large increase in endowment. This is needed in order that, as our work expands, we may meet the increased cost without too great a burden upon our patients. As the Infirmary, which has always stood for the care of the sick and medical and nursing education, more and more attempts research and strives for the increase of human knowledge in the medical sciences, funds for such purposes are needed. Money for research cannot, and should not, be obtained by increased charges to our patients. It must be given by the public for that purpose. I have entire confidence that the money will be given, when it is made known what the possibilities are at this Infirmary for real discoveries and progress in the medical sciences.

2. A connecting building between the Massachusetts General Hospital Out-Patient Department building and the Infirmary building. This connecting building is sorely needed to give the Infirmary its maximum efficiency. A few of the reasons follow:

“A. The easiest and freest means of communication between the two hospitals for the patients, physicians, nurses and others should be furnished. Eye, ear and throat diseases are frequently symptoms of a general disease. Easy examination by and

REPORT OF THE DIRECTOR

consultation with other departments is essential for the best interest of the patient. Our Throat Department now has its beds in the Infirmary, and its Out-Patient Department at the Massachusetts General Hospital. There should be a combination of the Out-Patient Departments of the two institutions, with a central admission room in the new building.

“B. The Infirmary’s service would be much improved if it had the major part of its first floor, now occupied by its Out-Patient Department, for other purposes. The administrative offices should be there, and not on the second floor, as they are now. The Infirmary will in time doubtless have on its staff paid nearly full-time physicians, men who will devote much time to teaching and research. Offices and laboratories for such men may be installed in this space. We need an emergency ward.”

Briefly stated, these are the reasons for the desired building. The Infirmary’s share would probably be \$375,000. I hope the Managers will give this need their best thought and make plans to obtain the requisite money.

3. An additional building for housing nurses and employees is needed.

Minor needs of the Infirmary are as follows:

1. A change of the heating system from the indirect heating, now in vogue, to direct heating. Direct heating will be more satisfactory in many ways and more economical.
2. Laundry reconstructed, with new equipment.
3. Installation of cleaners’ closets on each floor.

Attention is invited to appended reports and tables of statistics.

Respectfully submitted,

FREDERIC A. WASHBURN, M.D., *Director.*

Director's Financial Statement

From October 1, 1923, to October 1, 1924

OPERATING EXPENSES		1924	1923
SALARIES AND WAGES			
Officers and Clerks . . .		\$19,113.66	\$15,202.55
Telephone Operators . . .		2,764.15	2,682.15
Out-Patient Department Clerks		9,509.16	8,123.51
Social Service Department .		12,437.20	11,636.12
Druggists		3,227.93	3,091.50
Opticians		5,044.68	4,742.49
Refractionists		1,299.99	1,327.49
Superintendent of Nurses and Assistants		2,116.66	1,980.00
Head Nurses and Assistants .		33,836.96	27,986.00
Post Graduate Nurses . . .		614.35	102.39
Pupil Nurses		872.27	946.84
Attendant Nurses		6,121.31	5,031.23
Orderlies		9,231.58	7,556.08
Ward Maids		2,290.94	2,374.11
X-Ray Department		3,425.86	2,639.45
Pathological Laboratory . .		3,062.59	2,068.95
Store		1,500.00	1,500.00
Housekeeping and Kitchen .		27,312.41	23,380.19
Laundry		6,462.72	5,544.35
Maintenance, Property and Plant		10,150.90	10,388.19
Medical and Surgical Staff .		6,416.60	
Special Nurses		\$166,811.92	\$138,353.59
		20,827.50	15,179.50
TOTAL		\$187,139.42	\$153,533.09

HOSPITAL RECEIPTS		1924	1923
Board of Ward Patients . . .		\$63,629.58	\$59,644.70
Operating Room Fees		5,362.00	4,234.50
X-Rays		8,950.75	5,426.15
Wassermann Tests		214.00	257.95
Refractions		8,604.30	2,512.65
Optical		52,193.97	49,096.37
Apothecary		13,807.79	14,114.45
Admission Fees, Out-Patient Department		25,140.02	24,302.50
Throat Patients' Board, Operating Room		9,457.50	7,373.00
Telephone, Interest, Stamps .		533.17	513.01
Grease, Bones, Boxes, Barrels and Junk		125.46	221.31
Records and Certificates . . .		661.30	611.56
Miscellaneous		1,852.39	1,149.57
Board, Private Patients		46,869.15	44,466.20
Operating Room Fees, Private Patients		15,330.00	14,948.00
X-Rays, Private Patients		1,179.00	1,096.00
Wassermann Tests, Private Patients		54.00	33.00
Miscellaneous, Private Patients .		118.69	27.00
Special Nurses, Ward		\$254,083.07	\$230,027.92
Special Nurses, Private		4,250.00	1,420.00
		17,915.50	15,209.25
TOTAL		\$276,248.57	\$246,657.17

OPERATING EXPENSES

1924

1923

SUPPLIES

General Administration . . .	\$8,949.14	\$7,120.48
Apparatus and Instruments . . .	1,510.21	1,061.93
Medical and Surgical . . .	17,415.57	11,189.34
Wassermann Tests . . .	246.00	267.00
X-Rays . . .	3,464.23	1,395.93
Optical . . .	16,304.66	12,857.79
Housekeeping and Kitchen . . .	10,350.93	4,827.19
Laundry . . .	1,715.13	310.11
Meat, Poultry and Fish . . .	11,838.41	11,414.73
Fruit and Vegetables . . .	4,267.14	3,662.84
Bread and Flour . . .	2,112.93	1,599.23
Milk and Cream . . .	10,057.06	8,145.40
Groceries . . .	8,899.93	8,119.47
Butter and Eggs . . .	7,753.83	5,935.19
Gas . . .	1,870.58	1,697.41
Electric Lighting, Nurses' Home	849.26	594.43
Heat, Light and Power, Hos-		
pital Buildings . . .	13,105.42	13,452.55
Fuel, Nurses' Home . . .	1,657.77	2,314.59
Water, Hospital Buildings . . .	2,235.08	1,408.44
Water, Nurses' Home . . .	753.72	608.52
Maintenance, Property and		
Plant . . .	5,827.25	4,991.23
Refunds . . .	2,569.10	1,383.46
Miscellaneous . . .	2,373.16	1,744.31

TOTAL . . . \$136,126.51 \$106,101.57

SUMMARY, 12 MONTHS

1924

1923

Salaries and Wages . . .	\$187,139.42	\$153,533.09
Supplies . . .	136,126.51	106,101.57
Total Maintenance Expenses . . .	\$323,265.93	\$259,634.66
Extraordinary Expense . . .	9,046.08	29,870.74
Total Hospital Expenses . . .	\$332,312.01	\$289,505.40
Total Hospital Receipts . . .	276,248.57	246,657.17
Excess of Expenses over Receipts	\$56,063.44	\$42,848.23

Director's Financial Statement

From October 1, 1924, to January 1, 1925

OPERATING EXPENSES		1924	1923
SALARIES AND WAGES			
Officers and Clerks		\$4,931.20	\$4,370.44
Telephone Operators		580.90	651.18
Out-Patient Department Clerks		2,118.50	2,576.01
Social Service Department		2,857.60	3,054.26
Druggists		874.98	765.00
Opticians		1,328.66	1,285.09
Refractionists		352.16	325.12
Superintendent of Nurses and Assistants		525.00	525.00
Head Nurses and Assistants		8,565.24	8,165.17
Post Graduate Nurses		211.08	61.97
Pupil Nurses		149.37	220.99
Attendant Nurses		2,011.26	1,234.63
Orderlies		2,287.43	2,120.00
Ward Maids		618.28	584.06
X-Ray Department		847.33	784.29
Pathological Laboratory		796.69	593.05
Store		375.00	375.00
Housekeeping and Kitchen		6,490.41	7,048.55
Laundry		1,680.95	1,565.30
Maintenance, Property and Plant		2,623.80	2,982.99
Medical and Surgical Staff		1,625.06	1,666.66
Special Nurses		\$41,850.90	\$40,954.76
TOTAL		4,595.00	5,440.50
		<u>\$46,445.90</u>	<u>\$46,395.26</u>
HOSPITAL RECEIPTS		1924	1923
Board of Ward Patients		\$16,298.75	\$14,093.14
Operating Room Fees		1,468.00	1,035.00
X-Rays		2,421.85	1,944.40
Wassermann Tests		77.50	37.00
Refractions		2,305.55	2,349.40
Optical		13,766.31	14,166.72
Apothecary		3,410.24	3,565.34
Admission Fees, Out-Patient Department		6,102.80	6,026.84
Throat Patients' Board, Operating Room		2,395.00	2,031.50
Telephone, Interest, Stamps		162.16	146.94
Grease, Bones, Boxes, Barrels and Junk		27.34	34.40
Records and Certificates		167.00	158.25
Miscellaneous		78.00	261.14
Board, Private Patients		10,037.40	12,658.50
Operating Room Fees, Private Patients		3,505.00	3,695.00
X-Rays, Private Patients		335.00	257.00
Wassermann Tests, Private Patients		3.00	15.00
Miscellaneous, Private Patients			11.00
Special Nurses, Ward		\$62,560.90	\$62,486.57
Special Nurses, Private		1,295.00	1,086.00
		3,044.00	5,093.50
TOTAL		<u>\$66,899.90</u>	<u>\$68,666.07</u>

OPERATING EXPENSES		1924	1923
SUPPLIES			
General Administration		\$2,512.67	\$2,362.15
Apparatus and Instruments		566.11	464.29
Medical and Surgical		4,025.20	4,498.60
Wassermann Tests		92.00	60.00
X-Rays		827.48	704.16
Optical		3,575.15	4,632.69
Housekeeping and Kitchen		1,823.26	5,193.84
Laundry		148.29	76.56
Meat, Poultry and Fish		3,178.59	2,653.85
Fruit and Vegetables		1,001.85	1,002.45
Bread and Flour		459.17	536.21
Milk and Cream		2,540.44	2,386.10
Groceries		2,988.03	3,305.95
Butter and Eggs		1,833.30	1,901.66
Gas		450.58	443.11
Electric Lighting, Nurses' Home		268.52	166.82
Heat, Light and Power, Hospital Buildings		3,269.33	3,353.04
Fuel, Nurses' Home		287.74	467.52
Water, Hospital Buildings		253.44	671.28
Water, Nurses' Home		62.04	187.44
Maintenance, Property and Plant		1,427.31	1,729.65
Refunds		552.18	578.91
Miscellaneous		726.28	398.43
TOTAL		\$32,868.96	\$37,774.71

SUMMARY, 3 MONTHS		1924	1923
Salaries and Wages		\$46,445.90	\$46,395.26
Supplies		32,868.96	37,774.71
Total Maintenance Expenses		\$79,314.86	\$84,169.97
Extraordinary Expenses		15.25	1,478.33
Total Hospital Expenses		\$79,330.11	\$85,648.30
Total Hospital Receipts		66,899.90	68,666.07
Excess of Expenses over Receipts		\$12,430.21	\$16,982.23

Director's Financial Statement

From January 1, 1924, to January 1, 1925

OPERATING EXPENSES		1924	1923
SALARIES AND WAGES			
Officers and Clerks		\$19,674.42	\$16,397.51
Telephone Operators		2,693.87	2,639.65
Out-Patient Department Clerks		9,051.65	9,047.35
Social Service Department		12,240.54	11,962.35
Druggists		3,337.91	3,124.78
Opticians		5,088.25	4,877.60
Refractionists		1,327.03	1,327.51
Superintendent of Nurses and Assistants		2,116.66	2,055.00
Head Nurses and Assistants		84,237.03	29,726.45
Post Graduate Nurses		763.46	101.95
Pupil Nurses		800.65	967.71
Attendant Nurses		6,897.94	4,828.16
Orderlies		9,399.01	7,748.02
Ward Maids		2,325.16	2,426.29
X-Ray Department		3,488.90	2,843.73
Pathological Laboratory		3,266.23	2,179.85
Store		1,500.00	1,500.00
Housekeeping and Kitchen		26,754.27	25,118.41
Laundry		6,578.37	5,859.23
Maintenance, Property and Plant		9,791.71	10,124.42
Medical and Surgical Staff		6,375.00	1,666.66
Special Nurses		\$167,708.06	\$146,522.63
		19,482.00	16,173.00
TOTAL		\$187,190.06	\$162,695.63

HOSPITAL RECEIPTS		1924	1923
Board of Ward Patients		\$65,835.19	\$60,302.74
Operating Room Fees		5,795.00	4,154.50
X-Rays		9,428.20	6,140.75
Wassermann Tests		254.50	253.95
Refractions		8,560.45	4,862.05
Optical		51,793.56	50,249.53
Apothecary		13,652.69	14,135.28
Admission Fees, Out-Patient Department		25,215.98	24,471.49
Throat Patients' Board, Operating Room		9,821.00	7,258.50
Telephone, Interest, Stamps		548.39	508.37
Grease, Bones, Boxes, Barrels and Junk		118.40	205.80
Records and Certificates		670.05	630.00
Miscellaneous		1,669.25	1,040.19
Board, Private Patients		44,248.05	46,254.70
Operating Room Fees, Private Patients		15,140.00	15,222.00
X-Rays, Private Patients		1,257.00	1,088.00
Wassermann Tests, Private Patients		42.00	39.00
Miscellaneous, Private Patients		107.69	33.00
Special Nurses, Ward		\$254,157.40	\$236,849.85
Special Nurses, Private		4,459.00	2,279.00
		15,866.00	15,420.50
TOTAL		\$274,482.40	\$254,549.35

OPERATING EXPENSES		SUMMARY, 12 MONTHS		1923	1924
SUPPLIES		Salaries and Wages	Supplies	Total Maintenance Expenses	Total Hospital Receipts
General Administration		\$8,037.30	\$9,099.66	\$162,695.63	\$187,190.06
Apparatus and Instruments		1,123.31	1,612.03	117,909.36	131,220.76
Medical and Surgical		12,924.50	16,942.17		
Wassermann Tests		271.00	278.00		
X-Rays		1,721.31	3,587.55		
Optical		14,374.00	15,247.12		
Housekeeping and Kitchen		9,323.68	6,980.35		
Laundry		343.09	1,786.86		
Meat, Poultry and Fish		10,803.28	12,363.15		
Fruit and Vegetables		3,788.78	4,266.54		
Bread and Flour		1,829.76	2,035.89		
Milk and Cream		8,618.84	10,211.40		
Groceries		9,172.44	8,582.01		
Butter and Eggs		6,387.84	7,685.47		
Gas		1,835.10	1,878.05		
Electric Lighting, Nurses' Home		537.58	950.96		
Heat, Light and Power, Hospital					
Buildings		13,484.17	13,021.71		
Fuel, Nurses' Home		2,324.35	1,477.99		
Water, Hospital Buildings		1,856.64	1,817.24		
Water, Nurses' Home		660.00	628.32		
Maintenance, Property and Plant		4,948.91	5,524.91		
Refunds		1,722.97	2,542.37		
Miscellaneous		1,820.51	2,701.01		
TOTAL		\$117,909.36	\$131,220.76		

Report of the Work of the Gardner Building

October 1, 1923, to October 1, 1924

During the past year 288 patients were treated in the Gardner Building. Of these, 46 were treated for gonorrhea ophthalmia neonatorum, and 24 for non-gonorrhea ophthalmia neonatorum. At the time of entrance the cornea was involved in three cases of gonorrheal ophthalmia neonatorum, one being clear on discharge. At the time of entrance the cornea was involved in one case of non-gonorrheal ophthalmia neonatorum, which was not clear on discharge. The cornea was involved in one case of gonorrheal ophthalmia neonatorum after admission.

There were 10 patients treated for gonorrheal suppurative conjunctivitis, and 23 for non-gonorrheal suppurative conjunctivitis. At the time of entrance, the cornea was involved in three cases of gonorrheal suppurative conjunctivitis, none of these being clear on discharge. At the time of entrance, the cornea was involved in four cases of non-gonorrheal suppurative conjunctivitis, none of these being clear on discharge. The cornea was involved in two cases of gonorrheal conjunctivitis after admission.

There were also 34 patients treated for trachoma.

Forty-one patients were transferred to Gardner Building for erysipelas, impetigo and other infectious diseases which manifested themselves in the general wards of the hospital. Of the remaining 110, 88 were admitted for specific and infectious diseases, and 22 with a question of infectious diseases.

Report of the Work of the Gardner Building

October 1, 1924, to January 1, 1925

During the past three months 93 patients were treated in the Gardner Building. Of these, 16 were treated for gonorrhea ophthalmia neonatorum, and 12 for non-gonorrhea ophthalmia neonatorum. At the time of entrance the cornea was involved in five cases of gonorrheal ophthalmia neonatorum, one being clear on discharge. At the time of entrance the cornea was involved in one case of non-gonorrheal ophthalmia neonatorum, which was not clear on discharge.

There was one patient treated for gonorrheal suppurative conjunctivitis, and 12 for non-gonorrheal suppurative conjunctivitis. At the time of entrance, the cornea was involved in two cases of non-gonorrheal suppurative conjunctivitis, none of these being clear on discharge.

There were also six patients treated for trachoma.

Twelve patients were transferred to Gardner Building for erysipelas, impetigo and other infectious diseases which manifested themselves in the general wards of the hospital. The remaining 34 were admitted for specific and infectious diseases.

Report of the Director

Statistics

October 1, 1923, to October 1, 1924

HOUSE PATIENTS

Number of patients treated in ophthalmic wards . . .	1,635
Number of patients treated in aural wards . . .	529
Number of patients treated in nose and throat wards . .	2,903
Number of patients treated in private wards:	
Ophthalmic . . . 415	} 1,764
Aural . . . 113	
Nose and Throat, 1,236	
	<hr/> 6,831
Average number of patients treated daily in the public wards .	128+
Average number of patients treated daily in the private wards	28+
Average number of days patients remained in the hospital .	8+
*Number of days board furnished free	25,531
*Number of days board paid at full rate in public wards .	21,209
Number of days board paid in private wards	10,364
	<hr/> 57,104
Cost per patient public and private wards per week . .	\$35.49
Cost per patient public and private wards per day . .	5.07+
Cost of subsistence per inmate per day . . . . .	.43+
Number admitted free	392
Number admitted at less than \$10.50 per week . . .	737
Number admitted at \$10.50 per week	430
Number admitted at \$15.00 per week	46
Number admitted at \$17.50 per week	8
Number admitted at \$21.00 per week	3,454

*These figures are obtained by taking the amount of money received for board of patients in public wards, and dividing that figure by the full rate of board prevalent at that time. This gives the number of days of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

REPORT OF THE DIRECTOR

PRIVATE PATIENTS

Number admitted at \$28.00 per week	.	.	.	.	.	1,116
Number admitted at \$35.00 per week	.	.	.	.	.	25
Number admitted at \$42.00 per week	.	.	.	.	.	12
Number admitted at \$49.00 per week	.	.	.	.	.	562
Number admitted at \$56.00 per week	.	.	.	.	.	46
Number admitted at \$7.00 per week	.	.	.	.	.	1
Number admitted at \$37.50 per week	.	.	.	.	.	1
Number admitted free	.	.	.	.	.	1
						<hr/> 6,831

CONDITION OF PUBLIC WARD PATIENTS ON DISCHARGE

Untreated	.	.	.	.	.	.	.	.	.	.	1
Against advice	.	.	.	.	.	.	.	.	.	.	20
Died	.	.	.	.	.	.	.	.	.	.	29
Otherwise discharged	.	.	.	.	.	.	.	.	.	.	4,916
											<hr/> 4,966

Out-Patient Department

New patients treated:

Ophthalmic	.	.	.	.	.	.	.	.	.	.	15,959
Aural	.	.	.	.	.	.	.	.	.	.	8,628
											<hr/>
Total	.	.	.	.	.	.	.	.	.	.	24,587

Old patients treated:

Ophthalmic	30,428
Aural	15,764
											<hr/>
Total	46,192

Total visits in Out-Patient Department	.	.	.	70,779
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Report of the Director

Statistics

October 1, 1924, to January 1, 1925

HOUSE PATIENTS

Number of patients treated in ophthalmic wards	486
Number of patients treated in aural wards	107
Number of patients treated in nose and throat wards . .	754
Number of patients treated in private wards:	
Ophthalmic 110	} 421
Aural 33	
Nose and Throat, 278	
	<hr/> 1,768

Average number of patients treated daily in the public wards .	115+
Average number of patients treated daily in the private wards	21+
Average number of days patients remained in the hospital .	7+
*Number of days board furnished free	5,166
*Number of days board paid at full rate in public wards .	5,432
Number of days board paid in private wards	1,979
	<hr/> 12,577

Cost per patient public and private wards per week . .	\$39.48
Cost per patient public and private wards per day . .	5.64+
Cost of subsistence per inmate per day . . . . .	.48+

Number admitted free	87
Number admitted at less than \$10.50 per week	185
Number admitted at \$10.50 per week	133
Number admitted at \$15.00 per week	9
Number admitted at \$21.00 per week	933

*These figures are obtained by taking the amount of money received for board of patients in public wards, and dividing that figure by the full rate of board prevalent at that time. This gives the number of days of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

REPORT OF THE DIRECTOR

PRIVATE PATIENTS

Number admitted at \$28.00 per week	.	.	.	.	.	252
Number admitted at \$35.00 per week	.	.	.	.	.	15
Number admitted at \$49.00 per week	.	.	.	.	.	149
Number admitted at \$56.00 per week	.	.	.	.	.	5
						<hr/> 1,768

CONDITION OF PUBLIC WARD PATIENTS ON DISCHARGE

Against advice	.	.	.	.	.	.	.	.	.	9
Died	.	.	.	.	.	.	.	.	.	11
Otherwise discharged	.	.	.	.	.	.	.	.	.	1,337
										<hr/> 1,357

Out-Patient Department

New patients treated:

Ophthalmic	.	.	.	.	.	.	.	.	.	3,902
Aural	.	.	.	.	.	.	.	.	.	2,014
Total	.	.	.	.	.	.	.	.	.	<hr/>5,916

Old patients treated:

Ophthalmic	7,419
Aural	3,769
Total	<hr/> 11,188

Total visits in Out-Patient Department	.	.	.	17,104
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Report of the Director

Statistics

January 1, 1924, to January 1, 1925

HOUSE PATIENTS

Number of patients treated in ophthalmic wards	1,736
Number of patients treated in aural wards	524
Number of patients treated in nose and throat wards . .	3,024
Number of patients treated in private wards:	
Ophthalmic 427	} 1,776
Aural 123	
Nose and Throat, 1,226	

7,060

Average number of patients treated daily in the public wards	124+
Average number of patients treated daily in the private wards	26+
Average number of days patients remained in the hospital .	8+
*Number of days board furnished free	23,657
*Number of days board paid at full rate in public wards .	21,945
Number of days board paid in private wards	9,522

55,124

Cost per patient public and private wards per week . .	\$36.19
Cost per patient public and private wards per day . .	5.17+
Cost of subsistence per inmate per day . . . . .	.45+

Number admitted free	355
Number admitted at less than \$10.50 per week	809
Number admitted at \$10.50 per week	446
Number admitted at \$15.00 per week	41
Number admitted at \$17.50 per week	5
Number admitted at \$21.00 per week	3,628

*These figures are obtained by taking the amount of money received for board of patients in public wards, and dividing that figure by the full rate of board prevalent at that time. This gives the number of days of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

REPORT OF THE DIRECTOR

PRIVATE PATIENTS

Number admitted at \$28.00 per week	1,104
Number admitted at \$35.00 per week	40
Number admitted at \$42.00 per week	9
Number admitted at \$49.00 per week	566
Number admitted at \$56.00 per week	25
Number admitted at \$63.00 per week	29
Number admitted at \$7.00 per week	1
Number admitted at \$37.50 per week	1
Number admitted free	1
	<hr/>
	7,060

CONDITION OF PUBLIC WARD PATIENTS ON DISCHARGE

Untreated	1
Against advice	25
Died	35
Otherwise discharged	5,228
Remaining in hospital December 31, 1924	105
	<hr/>
	5,394

Out-Patient Department

New patients treated:

Ophthalmic	15,697
Aural	8,772
	<hr/>
Total	24,469

Old patients treated:

Ophthalmic	29,724
Aural	16,011
	<hr/>
Total	45,735

Total visits in Out-Patient Department	70,204
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Inventories

	<i>Jan. 1, 1925</i>	<i>Oct. 1, 1924</i>	<i>Oct. 1, 1923</i>
STORE-ROOM INVENTORY:			
General Administration	\$2,060.78	\$2,250.10	\$2,518.00
Housekeeping and Kitchen	6,734.19	7,018.61	7,457.27
Canned Supplies, Groceries, etc.	1,732.60	1,268.39	1,810.63
Medical and Surgical	627.56	385.50	97.20
X-Ray Department	274.42	75.25	100.36
	<hr/>	<hr/>	<hr/>
	\$11,429.55	\$10,997.85	\$11,983.46
APOTHECARY INVENTORY	\$4,799.62	\$3,839.70	\$3,616.28
OPTICAL DEPARTMENT INVENTORY	\$4,150.80	\$4,293.16	\$3,950.47

Post-Graduate Training School for Nurses

October 1, 1923 — December 31, 1924

An accomplishment of the year has been the publishing of a prospectus. The text clearly states the rather unusual opportunities which this school offers and the pamphlet is well illustrated.

One feature of the plan of instruction has been changed. Formerly all lecturers were volunteers, and in order to prevent laying too heavy a burden on any one physician, a large number lectured. It seemed wiser to make a small money expenditure and ask one physician to give all lectures on the eye, and another to give all on the ear, nose and throat. This was done and we were fortunate in procuring Dr. Maude Carvill for lectures on the eye, and Dr. Philip Meltzer for lectures on the ear, nose and throat. The lectures are supplemented by clinics given by the internes.

The nursing personnel has been considerably augmented and has had some changes. The previous preparation of both affiliate and graduate nurses varies. They come for a short period of time, and the work here is such that they must be thoroughly taught and carefully supervised in order to prevent serious consequences. The almost universal criticism of affiliate and post-graduate students is that the courses are unorganized and that the student is so used for the benefit of the hospital that she gains little. To enable the Infirmary to render the students a greater service, and likewise to enable the students to render the Infirmary a greater service, a full-time instructor was appointed December 1, 1923. With the exception of Gardner all night nurses are graduate nurses,

POST-GRADUATE TRAINING SCHOOL REPORT

many of them remaining for months. The night is of twelve hours' duration. Consequently, there must be relief for evenings off duty. Formerly this was done by day nurses, which depleted the day staff. In February a night relief nurse was installed, and the relief work takes her full time. Since January, 1924, a second graduate nurse has been installed in the nursery, in Gardner, and on both the second and third floors. Minor adjustments have been made to provide a graduate nurse for hearing tests, and for afternoon dispensary duty, when the dispensary becomes an emergency ward.

During the months covered by this report the Infirmary has admitted 69 pupil nurses for affiliation, and 21 graduates for the post-graduate course. Several of the latter have come from the Middle and Far West, and one from the Canadian Northwest. On January first the Peter Bent Brigham Hospital School of Nursing opened an affiliation. The Waltham Training School for Nurses has temporarily discontinued its affiliation until such a time as their numbers warrant renewal.

Space will not allow full expression of our appreciation of what lay friends have done for the patients, and, therefore, indirectly done for the nurses, because a happy and contented patient responds more readily to nursing care. The Ladies Visiting Committee have given numerous articles of clothing, toys, books, games, records, and a victrola. Mrs. Davis has sung for and with the patients. The Garland School of Homemaking has sent two students to entertain the children. Under the direction of the Chief Occupational Worker at the Massachusetts General Hospital, we have had a kindergartner working in the nursery, a Normal School student to teach the older children, and an Occupational Therapy worker in the adult wards.

Two of the training school staff who were especially well qualified to make a valuable contribution to the reorganization of the school have left us; Miss Leach to become assistant in the school at the American Hospital, Constantinople, and Miss Nelson to join a brother in Texas. Fortunately we were able

to replace these young women immediately with Miss Anna Sarcka, as assistant, and Miss Abby Helen Denison, as instructor.

It is my opinion that the Infirmary owes much to the young women of its nursing group, and that much credit is due them for the coöperative spirit which they have displayed during the months of reorganization. All would agree that this *esprit de corps* is largely due to the fair-mindedness and wise judgment of Helen Potter, my assistant, who is in direct charge of the school.

SALLY JOHNSON, R.N.,
Superintendent of Nurses.

Report of the Medical-Social Service Department

October 1, 1923 — December 31, 1924

Due to a change in the fiscal year of the Infirmary, the following report covers a period of 15 months.

As in previous years, the Medical-Social Service Department is recognized as an integral part of the Infirmary and stands ready to try to solve any Medical-Social problem brought to its doors.

The work still assumes a markedly Public Health phase, hence its close coöperation with Boards of Health and Public Agencies. With this idea in mind, and because of several requests from the outside, the Department planned a course of lectures of diseases of the Eye and Ear to be given to Public Health Nurses, said course being given from October 3, 1923, to December 19, 1923, inclusive, and it is most gratifying to note that 28 organizations, public and private, were represented.

An interesting recent development has been the appointment of the Chief Worker on the teaching staff of the Post Graduate School, and as a result, seven nurses took the elective one month's course in Social Service.

From October 1, 1923, to September 30, 1924, 1,267 cases were referred to the Department for various types of service, exclusive of Refers, Follow-Up and of those reported to the Division of the Blind; 603 old patients were carried over from the previous year, thus making the total number of 1,870 persons known to the group of workers.

In addition to the above-named, a large group of patients received some slight service quite necessary at the time, but of which no permanent record was made, while 242 were re-

ferred to Public Health Nurses for medical supervision in their respective towns or districts. The value of such supervision cannot be overestimated.

Visits to the homes, numbering 1,354, and 177 to Agencies, were made on behalf of the patients.

3,500 letters were sent out, exclusive of the Medical Follow-Up or Research notifications, the latter numbering 175.

The Department still works hand in hand with the Division of the Blind, and reports, after the completion of the medical treatment, low-visioned, or blind patients, in order that they may get what is best along the line of education or work, so that they may become at least partially, if not wholly, self-supporting. 107 patients belonging to this class were reported to the above-named organization, said number not being included in the group of 1,267.

From October 1, 1924, to December 31, 1924, 297 new cases were referred, while 513 were carried over from September, making a total of 810.

49 patients were referred to Public Health Nurses. 513 visits were made to homes, and 53 to Agencies.

1,100 letters were sent out exclusive of Medical Follow-Up and Research work, the latter numbering 210. 43 patients were referred to the Division of the Blind.

Medical Follow-Up

The Medical Follow-Up Worker personally conducted to the Massachusetts General Hospital Clinics the patients referred for physical examination or treatment. During the year 1,574 such patients passed through her hands, while in the following three months 420 individuals received like treatment, making a total of 1,994 patients referred from the Eye Clinic alone; 9,374 were listed on the Follow-Up during the twelve months, of whom 7,705 were carried over from the previous year, while 1,669 were new patients. Of this group 52 were referred for more intensive social work, while 1,607

letters or cards were sent out, 301 visits to homes were made. During the next three months 4,981 individuals were listed, of whom 4,587 were carried over. 394 were new, 18 were referred for more intensive social work. 328 letters or cards were sent out; 46 visits to homes were made.

General Work

The routine of the General Department was carried by the worker in the Gardner Building, and as formerly, owing to its bulk, was largely of the non-intensive type. The money so kindly contributed by the Trustees of the Permanent Charity Fund for convalescent care, glasses, train fare, etc., has proven of the greatest value in the completion of both the medical and social treatment of patients in the General, as well as in the special groups.

Phlyctenular Keratitis

The group of Phlyctenular Keratitis represents one of the most interesting phases of the work of the Department. There were two classifications; the Special group, being carried on a scientific basis in connection with the Children's Clinic of the Massachusetts General Hospital, and the General group, which was handled in the regular case-work manner. A brief survey evolved the fact that almost fifty per cent of the patients came from the City of Boston; this fact was presented to the Boston Tuberculosis Association, as it seemed a feasible thing that this group should be added to said organization's problem, in its fight against tuberculosis. In November, 1924, the above-named association took over the worker for the Boston cases, paying her salary, but having the work directed by the Infirmary. This group will be handled on a survey basis, and it is hoped that much valuable data may be accumulated. A second worker has been assigned to the out-of-town cases.

Interstitial Keratitis

The Interstitial Keratitis group continues to be a most interesting one from a scientific point of view. As is customary, the treatment has been carried jointly by the Infirmary and the South Medical Department of the Massachusetts General Hospital, with most satisfactory results.

The work is far reaching along the line of prevention, for, not only does the patient reap the benefit of intensive treatment, but the individual members of the family have had routine Wassermann tests, and when deemed advisable, have been placed under treatment. From October 1, 1923, to October 1, 1924, this group consisted of 171 patients, 93 of whom were carried from the previous year; 72 were new, and 6 reinstated; 269 visits to homes and 42 to Agencies were made in the interests of the patients. Unfortunately, due to lowered vision, 4 were referred to the Division of the Blind for readjustment of work or education. From October 1, 1924, to December 31, 1924, there were 124 individuals in the group, 112 being old cases, 9 new, and 3 reinstated. 56 home visits and 2 to Agencies were made.

Ophthalmia Neonatorum

Thanks to the better enforcement of the State Law, and the coöperation of Public Health Agencies, the number of Ophthalmia Neonatorum or Suppurative Conjunctivitis cases remains low. During the year, 64 babies were reported for intensive social work, ranging in age from 3 days to 7 weeks. 47 positive Gonococcus smear, and 17 negative; 11 were illegitimate. Unfortunately, due to damaged corneæ on entrance, 4 were reported to the Division of the Blind. From October 1, 1924, to December 31, 1924, 27 babies were reported for intensive social care, ranging in age from 1 day to 7 weeks; 16 had positive Gonococcus smears, and 11 negative; 4 were illegitimate. Three infants were admitted with damaged corneæ, hence were reported to the Division of the Blind.

On discharge from Gardner Building, all babies were referred back to private physicians, Boards of Health or Baby Welfare Stations for supervision of feeding and general condition.

In positive cases, when get-at-able, parents were examined by private physicians or at the Massachusetts General Hospital Clinics, and put under treatment, when necessary, as a preventive measure.

Ward Work

The intensive work done in the wards, as in previous years, was confined largely to the patients in the Children's Wards. Close follow-up was given in the homes and again, thanks to the interest and understanding of the Children's Agencies of Boston, many children were given adequate convalescent care. Much work was done among the adult patients, which made for their comfort and future well-being, but of which there was no need of making any permanent record. Generous donations of books and magazines were made by private individuals, and the wards were supplied with Christmas trees, toys, etc., while the Fruit and Flower Mission and thoughtful friends contributed gifts of flowers and fruit, which added greatly to the pleasure of the patients. The Red Cross took complete charge of the Veterans who were under treatment in the wards during the year.

Aural Work

As in previous years, the work of the Aural Department has naturally fallen into two sections; the General, and the Deaf groups. It is with pleasure that we note that the much needed Refer Worker has recently been added to the staff, and we look to the time when an adequate Follow-Up system, of the type now in use in the Eye Clinic, can be established. Two interesting studies have been conducted by Staff Physicians; Thymus and Radical Mastoid groups in which the Department has been asked to help; although this consumed a great deal of time and energy, the checking-up of the end results proved

to be of the greatest value to the patients, as well as to the medical profession.

Deaf Group

According to custom, totally or partially deaf children were automatically referred from clinic to the worker in charge of this group. This special work with the deaf, or hard-of-hearing child, has gradually become known to outside agencies, both in the City of Boston, and in the outlying towns, and in this way the education of many children has been worked out most satisfactorily. Acknowledgment is made of the splendid coöperation of the Speech Readers Guild, in having stood ever ready to help in the working out of any plan, presented in the interest of the deaf child or adult. We are still looking forward to the formation of a Division of the Deaf, under the State Department of Education, and in conjunction with it a Placement Bureau, so that, after the completion of the child's education, he may be directed to his proper working environment, and in this way take his rightful place in the community.

JESSIE M. C. HUME, R.N.,
Chief Medical-Social Worker.

Report of Pathological Laboratory

The work of the Laboratory has increased considerably during the past year, about one-third more specimens having been examined than during the previous year. We now have two technicians who give their whole time to the work. Among the unusual ophthalmic specimens there were: two cataracts, in which cholesterine crystals were demonstrated by micro-chemical tests, an eye showing massive formation of hyaline tissue by the pigment epithelium, a glaucomatous eye showing separation of the retina, due to spontaneous formation of holes in the latter, and a number of unusual tumors, including two neuroblastomas of the orbit and a true glioma of the retina. Many specimens have been examined for the Army and Navy Medical Museum. The material submitted by the Laryngological Service has been notable in the large number of carcinomas of the oesophagus included.

Dr. Verhoeff has completed his study of mycosis of the choroid and is studying tumors of the eye with special reference to prognosis. Assisted by Dr. Waite, he is also investigating the subjects of spontaneous separation of the choroid and the pathogenesis of glaucoma, and, assisted by Dr. Sisson, the antiseptic action of gentian violet introduced into the vitreous. It is believed that considerable progress has been made in determining the cause of primary glaucoma.

FREDERICK H. VERHOEFF, M.D.,
Pathologist.

Report of Ophthalmic Department

During the past years certain changes have taken place in the Ophthalmic Service. The third or "Blue" service, which was instituted several years ago in order to provide a six months' service for every one on the staff, has been discontinued and we have returned to two services, "Red" and "White." The White service has gone back to the basis on which it operated for many years; three surgeons, each with a four months' period of service, on duty every day of the period. The Red service has been designated as the teaching service and is headed by the Professor of Ophthalmology of the Harvard Medical School. Many of the men on this service occupy teaching positions in the department of Ophthalmology in the Medical School. This service is continuous throughout the year. The work is divided between two surgeons, each on continuous duty. So far this plan seems to be operating satisfactorily. A comparison of the continuous and the interrupted services will furnish data as to their relative values.

We now have six Ophthalmic house officers, each for a period of eighteen months, and more attention is being devoted to their instruction. They have weekly quizzes by members of the attending staff; they have periodic instruction in operating on animal eyes; they have one evening a month devoted to the review of important articles appearing in the literature, and they are encouraged during their service to take up a piece of work in the laboratory. More time is being devoted by them to work in the Vision room.

The Vision room has been much improved by the changes which have been made, and the work seems to be better. There is an opportunity for five to work at a time. We should have

REPORT OF OPHTHALMIC DEPARTMENT

places for ten. The clinic rooms are very inadequate also; we need double the space at least, if the routine clinical work, teaching and investigation are adequately to be taken care of.

A large number of new surgical instruments have been ordered for the operating room and are just beginning to arrive. The magnet equipment has been brought up to date and is now in better shape than for years past.

The research on glaucoma, which was begun with the light testing machine built and presented to us a couple of years ago, is being continued with favorable results. It has been carried on this year by two full-time men, an Ophthalmologist and a Physicist. This work has been enlarged to take in other phases of glaucoma and we have a half-time bio-chemist, who is working at the Harvard Medical School, but under supervision of the director of our laboratory, who is himself devoting considerable attention to phases of this very important subject. We hope in the coming year to still further enlarge the scope of this work.

For many years past the Infirmary has furnished a meeting place and much material for the gatherings of the New England Ophthalmological Society. It is gratifying to note that this Society is showing an increased activity; the meetings are largely attended and men come from considerable distances to be present.

GEORGE S. DERBY, M.D.,
Ophthalmic Chief of Service.

Report of Aural Department

A radical change in the methods of testing and recording the acuity of hearing has been introduced in the Aural Department within the past year. Through the kindness of influential friends, an Audiometer, the most modern electrical apparatus for testing the reactions of the auditory nerve, has been installed. It is expected that research now under way with this device by members of the staff will add materially to our knowledge.

Otosclerosis, an incurable form of deafness, is now the subject of thorough investigation on the part of the American Otological Society. It is cause for congratulation that the clinical and laboratory part of this study is to be undertaken in Boston, under the direction of Dr. Alan Winter Rowe, Director of the Evans Memorial. Dr. Rowe is to be assisted in this undertaking by members of the Infirmary staff.

These developments make more apparent the need of the Infirmary for better quarters for conducting hearing tests. Plans for such a room have already been submitted to a committee of the Board of Managers, and we are confident that great improvement will come from the proposed changes.

The many infants and young children who are compelled to remain in the hospital wards now have any necessary medical care or special diet prescribed by the Department of Pediatrics of the Massachusetts General Hospital. This arrangement has proven beneficial alike to the infants and to the House Staff.

We feel that the Social Service is continuing to demonstrate its value to the Infirmary, and wish particularly to emphasize the gratifying results now being obtained in the care of the children.

PHILIP HAMMOND, M.D.,
D. HAROLD WALKER, M.D.,
Aural Chiefs of Service.

Report of the Laryngological Service

The most important investigation done in the Throat Department during the past year was the routine taking of X-Rays of the chest on all cases which were booked for the tonsil operation. This was done in order to detect an enlarged thymus, an enlarged thymus being the only indication which we have of the condition known as status lymphaticus. In round numbers 2,700 children have been X-Rayed and seven per cent have been found to have an enlarged thymus. These cases were given four X-Ray treatments and the enlargement of the thymus reduced to normal size before the cases were allowed to be operated upon. Two of these cases gave trouble during operation. There have been no deaths since this taking of a diagnostic X-Ray has been instituted. This procedure has been extensively copied throughout the country.

Dr. Macmillan and Dr. Smyth are running a series of cases of lateral pharyngitis associated with deafness. The series was started in order to learn whether or not, as has been claimed, treatment by X-Ray was beneficial in this type of case. No reliable statistics are available on this question.

Cases of plastic surgery of the face and neck are coming to the Throat Department in increasing numbers. Some very difficult cases of this type have been successfully treated. Dr. Kazanjian is attracting these cases from long distances. He has reached a point where he needs a special ward.

During the year there was a run of safety pin cases in infants. These were dealt with successfully.

More cases of cancer of the larynx have been operated than last year. The usual number of cases of cancer of the accessory sinuses have been treated. The number of cases of cancer of the esophagus has increased. There have been five or six very successful cases of webs and strictures of the esophagus.

Osteomyelitis of the skull complicating sinus disease is almost always fatal. Dr. Kirby, after four months' work, has one apparent cure.

The House Officers have been faithful and enthusiastic in their anatomical work at the Medical School. Two long-term men have registered in laryngology. One is a Belgian. This makes the third sent from that country by the Belgian Foundation.

Two recent visitors, one from Japan, and one from Paris, remarked on the excellence of the work done in the X-Ray Department. The new room for the fluoroscope and a second treatment machine have been a great help. When the second nurse is found much more work can be done, and Dr. Macmillan will be able to complete some research work which he has under way, and can do more teaching. A prone fluoroscope is needed for removing foreign bodies and for detecting herniæ of the stomach through the esophageal opening of the diaphragm. Such herniæ cannot be detected with the upright fluoroscope.

The water suction apparatus, the installation of which was due to Dr. Brawner, has proved a great help in tonsillectomy and bronchoscopy and esophagoscopy.

Dr. Finck is to spend the coming year working on the pathology of the nose, throat, and ear.

The Throat Operating Room badly needs a new operating table.

HARRIS P. MOSHER, M.D.,
Laryngological Chief of Service.

Report of the X-Ray Department

During the year ending September 30, 1924, 6,276 patients were referred to the X-Ray Department for examination or treatment. This was an increase of 142 per cent over the number referred during the corresponding period of the preceding year. The number of patients referred is a great many more than can be attended to by the present quarters and force. For several months it has been necessary to restrict the number of patients referred from the Eye and Ear clinics and the Massachusetts General Throat Department. Often-times the maximum number of patients possible to handle in the department had been reached by 10 A.M. This made it necessary for the patients to return at another date, which was discouraging to the patient and unsatisfactory to the referring physician who wished to corroborate his clinical findings by an early radiographic examination.

Installation of a new machine has aided materially in taking care of the increase in treatments, thymus examination and the use of the fluoroscope, without interfering with the rest of the work.

It has been decided to continue the examination of children below the age of 14 years, for enlarged thymus, before the administration of a general anesthetic in tonsil and other operations. Inasmuch as 7 per cent of these children have showed enlargement of the thymus gland, it is hoped that distressing fatalities may be averted by treatment of these cases.

The treatment of patients with enlargement of lymphoid tissue in the throat has been continued on the strength of definite improvement noted in the naso-pharynx and improvement in hearing as shown by the different tests. The administration of X-Ray treatments is a time-consuming procedure,

MASSACHUSETTS EYE AND EAR INFIRMARY

and no doubt material improvement could be brought about by increasing the time of the treatment given to the individual patient.

The aid given by the X-Ray in examination of the esophagus is appreciated by the Laryngological surgeons, as shown by the number of cases referred for examination. The differential diagnosis between malignant and benign strictures, the location and extent of the lesion, is of great importance and can be shown more accurately by X-Ray than any other means, except direct inspection.

The routine work of the department being so pressing, no new work was attempted. The amount now being done is a small portion of what might be done, and there are many problems that could be investigated if the space, apparatus, and personnel could be increased.

October 1, 1923, to October 1, 1924 October 1, 1924, to January 1, 1925

Sinuses	1,701	461
Mastoids	770	206
Thymus	2,129	584
Treatments	1,016	294
Teeth	222	75
Optic Canals	88	9
Sella Turcica	80	
Chest	59	23
Jaws	35	
F. B. Eye	230	62
Oesophagus	173	55
Various	71	36

October 1, 1923, to October 1, 1924

Number of Patients X-Rayed	6,276
Examinations	6,574

October 1, 1924, to January 1, 1925

Number of Patients X-Rayed	1,765
Examinations	1,805

A. S. MACMILLAN, M.D.,
Roentgenologist.

Scientific Papers Published by the Surgical Staff from October 1, 1923, to January 1, 1925

- The "All-or-Nothing" Principle of Nerve Conduction and Muscle Contraction Applied to the Eye. By Dr. Walter B. Lancaster. Transactions of the Section on Ophthalmology, American Medical Association, 1923, p. 107.
- "Is Chronic Progressive Deafness a Rhinological or Otological Problem?" By Dr. Francis P. Emerson. *Annals of Otology, Rhinology and Laryngology*, September, 1924.
- "X-Ray and Radium in Non-Malignant Diseases of the Eye." By Dr. George S. Derby. *Boston Medical and Surgical Journal*, 1924.
- "Standards of Ophthalmology." By Dr. George S. Derby. *Journal American Medical Association*, 1924.
- "Gumma of the Tear Sac." By Dr. George S. Derby and Dr. Robert C. Cheney. Transactions of the American Ophthalmological Society, 1924.
- "Asymmetry of the Mouth of the Esophagus and Retropharyngeal Diverticulum." By Dr. Harris P. Mosher. *Laryngoscope*, Vol. 34, No. 11, November, 1924.
- "Unsolved Problems in Otolaryngology." By Dr. Harris P. Mosher. Read at St. Louis, May, 1924. Transactions of the American Laryngological, Rhinological and Otological Society, Inc., 1924.
- "The 'V' Test for Astigmatism, and Astigmatic Charts in General." By Dr. Frederick H. Verhoeff. *American Journal of Ophthalmology*, November, 1923.
- "Iridotaxis, Improved Method, and after Iridectomy." By Dr. Frederick H. Verhoeff. *American Journal of Ophthalmology*, Vol. 7, No. 5, 1924.
- "Cyclectomy, a New Operation for Glaucoma." By Dr. Frederick H. Verhoeff. *Archives of Ophthalmology*, Vol. 53, No. 3, 1924.
- "Mycosis of the Choroid, following Cataract Extraction, and Metastatic Choroiditis of the Other Eye, Producing the Clinical Picture of Sympathetic Uveitis." By Dr. Frederick H. Verhoeff. *Archives of Ophthalmology*, 1924.
- "Observations on Protargin Strong as a Preoperative Prophylactic." By Dr. A. B. Reese (under direction of Dr. Frederick H. Verhoeff). *Journal American Medical Association*, May 17, 1924.
- "Observations on Phacoanaphylactic Endophthalmitis." By Dr. Albert Lemoine and Dr. Alexander McDonald. Transactions American Ophthalmological Society, 1923.
- "Ocular Facts for the General Practitioner." By Dr. W. Holbrook Lowell. *Boston Medical and Surgical Journal*, Vol. 191, No. 6, pp. 254-256, August 7, 1924.

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- "Chronic Juvenile Glaucoma." Report of a Case. By Dr. W. Holbrook Lowell. To be published in the Transactions of the American Ophthalmological Society.
- "Blindness from Teeth, Tonsils and Accessory Sinuses." By Dr. Leon E. White. Transactions American Laryngological Society, 1924.
- "Papilledema in Oto-Laryngology." By Dr. Leon E. White. Transactions American Academy Ophthalmology and Oto-Laryngology.
- "End Results of Sphenoidal Sinus Operations for Optic Nerve Disturbances." By Dr. Leon E. White. *The Laryngoscope*, Vol. 34, No. 2, February, 1924.
- "Carcinoma of the Left Primary Bronchus." By Dr. D. Crosby Greene. *The Laryngoscope*, February, 1924.
- "Results of Treatment of Carcinoma of the Esophagus by the Combined Use of Radium Emanation and Deep X-Ray." By Dr. D. Crosby Greene. *American Journal of Roentgenology*, November, 1924.
- "Foreign Bodies in the Larynx, Trachea and Bronchi." By Dr. D. Crosby Greene. *Boston Medical and Surgical Journal*, March, 1924.
- "Surgery of the Frontal Sinuses: A New Modified Killian." By Dr. Charles T. Porter. Transactions of the 29th Annual Meeting of the American Laryngological, Rhinological and Otological Society, Inc., 1923.
- "Removal of Tonsils During the Period of Acute Infection." By Dr. Charles T. Porter. *The Boston Medical and Surgical Journal*, Vol. 190, No. 17, pp. 693-695, April 24, 1924.
- "The Toxemias of Pregnancy from an Ophthalmologic Standpoint." By Dr. Robert C. Cheney. *Journal of the American Medical Association*, November 1, 1924, Vol. 83, pp. 1383-1389.
- "The Baby Aural Clinic at the Massachusetts Charitable Eye and Ear Infirmary." By Dr. Charles O. Day. *Boston Medical and Surgical Journal*, January 24, 1924.
- "Surgical Operations as Related to Satisfactory Dentures." By Dr. V. H. Kazanjian. *Dental Cosmos*, April, 1924.
- "Plastic Surgery." By Dr. V. H. Kazanjian. Read before the Manchester Dental Society in Manchester, N. H., February 5, 1924.
- "Plastic Surgery." By Dr. V. H. Kazanjian. Read before the Androscoggin Medical Society at Lewiston, Maine, March 11, 1924.
- "Treatment of Nasal Deformities with Special Reference to Nasal Prosthesis." By Dr. V. H. Kazanjian. Read before the American Medical Association at Chicago, June 13, 1924.
- "The Immediate Treatment of Fractured Jaws." By Dr. V. H. Kazanjian. Read before the New Hampshire Dental Society at The Weirs, June 19, 1924.
- "Surgical Treatment for Defects of the Nose with Special Reference to the Tip." By Dr. V. H. Kazanjian. Read before the American Association of Oral and Plastic Surgeons, New York, October 20, 1924.

Table of Diseases

Compiled from Records

October 1, 1923 - October 1, 1924

	HOUSE	OUT- PATIENT
SECTION I		
Specific Infectious Diseases	324	243
SECTION II		
Diseases due to Animal Parasites	1	32
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Diseases of Metabolism	9	
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Diseases Peculiar to Infancy	122	192
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Diseases due to Physical Agents		9
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Tumors, Benign and Malignant	260	302
SECTION VIII		
Congenital Malformations	19	5
SECTION IX		
General Injuries and Diseases of Skin and Subcutaneous Tissue	22	33
SECTION X		
Special Skin Diseases	15	356
SECTION XI		
Diseases of the Circulatory System	16	5
SECTION XII		
Diseases of the Lymphatic System	8	55
SECTION XIII		
Diseases of the Blood	2	
SECTION XIV		
Diseases of the Ductless Glands	3	5

MASSACHUSETTS EYE AND EAR INFIRMARY

	HOUSE	OUT- PATIENT
SECTION XV		
Diseases of the Nervous System	51	59
SECTION XVI		
Diseases of the Bones, Muscles, Tendons, and Fascia .	23	7
SECTION XVII		
Diseases and Injuries of the Eye and Ear:		
Diseases of the Eye	2,582	34,574
A. General	299	19,387
B. Lids	66	1,998
C. Lacrimal Apparatus	106	540
D. Conjunctiva	104	5,391
E. Cornea	365	3,308
F. Anterior Chamber	35	29
G. Sclera	13	115
H. Lens	908	1,180
J. Uveal Tract	28	49
1. Iris	130	360
2. Ciliary Body	23	31
3. Choroid	19	164
K. Retina	44	240
L. Vitreous	42	136
M. Optic Nerve	35	292
N. Eyeball	143	211
O. Orbit	20	22
P. Disturbances of Motion	202	1,121
Diseases of the Ear	718	11,230
Q. General		163
R. Auricle	25	57
S. External Auditory Canal	35	3,862
T. Eustachian Tube	5	2
V. Middle Ear and Mastoid	642	7,136
W. Internal Ear	11	10
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	899	671
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	3,140	1,609
SECTION XX		
Diseases of the Jaw, Teeth and Gums	29	32

TABLE OF DISEASES

	HOUSE	OUT- PATIENT
SECTION XXI		
Diseases of the Tongue	2	
SECTION XXII		
Diseases of the Esophagus	64	43
SECTION XXIII		
Diseases of the Stomach	1	
SECTION XXV		
Diseases of the Liver and Gall Ducts	2	
SECTION XXIX		
Diseases of the Larynx	17	30
SECTION XXX		
Diseases of the Trachea and Bronchi	19	5
SECTION XXXI		
Diseases of the Lungs	2	
SECTION XXXII		
Diseases of the Pleura and Mediastinum	8	
SECTION XXXIII		
Diseases of the Kidney and Ureter	2	3
SECTION XLI		
Ill-Defined or Unclassified Diseases	68	975
Total	8,428	50,475

Table of Diseases

Compiled from Records

October 1, 1924 – January 1, 1925

	HOUSE	OUT- PATIENT
SECTION I		
Specific Infectious Diseases	97	52
SECTION II		
Diseases due to Animal Parasites		11
SECTION IV		
Diseases Peculiar to Infancy	62	45
SECTION V		
Diseases due to Physical Agents		2
SECTION VII		
Tumors, Benign and Malignant	65	74
SECTION VIII		
Congenital Malformations	9	4
SECTION IX		
General Injuries and Diseases of Skin and Subcutaneous Tissue	13	12
SECTION X		
Special Skin Diseases	5	95
SECTION XI		
Diseases of the Circulatory System	8	9
SECTION XII		
Diseases of the Lymphatic System	8	14
SECTION XIII		
Diseases of the Blood	1	
SECTION XIV		
Diseases of the Ductless Glands	2	
SECTION XV		
Diseases of the Nervous System	15	25

TABLE OF DISEASES

	House	Out- Patient
SECTION XVI		
Diseases of the Bones, Muscles, Tendons, and Fascia	9	7
SECTION XVII		
Diseases and Injuries of the Eye and Ear:		
Diseases of the Eye	744	8,294
A. General	79	4,930
B. Lids	29	584
C. Lacrimal Apparatus	21	83
D. Conjunctiva	37	1,006
E. Cornea	110	735
F. Anterior Chamber	15	2
G. Sclera	4	21
H. Lens	257	301
J. Uveal Tract	11	21
1. Iris	50	67
2. Ciliary Body	6	3
3. Choroid	6	46
K. Retina	7	59
L. Vitreous	15	38
M. Optic Nerve	11	80
N. Eyeball	38	66
O. Orbit	9	2
P. Disturbances of Motion	39	250
Diseases of the Ear	117	2,540
Q. General		55
R. Auricle	3	9
S. External Auditory Canal	8	621
T. Eustachian Tube		50
V. Middle Ear and Mastoid	106	1,803
W. Internal Ear		2
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	231	187
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	728	368
SECTION XX		
Diseases of the Jaw, Teeth and Gums	6	15
SECTION XXI		
Diseases of the Tongue	1	

MASSACHUSETTS EYE AND EAR INFIRMARY

	HOUSE	OUT- PATIENT
SECTION XXII		
Diseases of the Esophagus	20	5
SECTION XXIV		
Diseases of the Intestines	2	
SECTION XXVII		
Diseases of the Abdomen and Peritoneum in General .	1	
SECTION XXIX		
Diseases of the Larynx	10	9
SECTION XXX		
Diseases of the Trachea and Bronchi	6	1
SECTION XXXI		
Diseases of the Lungs	1	3
SECTION XLI		
Ill-Defined or Unclassified Diseases	21	235
Total	2,182	12,007

Form of a Bequest to the Infirmary

*I give and bequeath to the Massachusetts
Eye and Ear Infirmary of Boston, the sum of
dollars, to be applied to the uses
of said Infirmary.*

One Hundredth Annual Report

of the

Massachusetts
Eye and Ear Infirmary

Incorporated in 1827

For the Year

1925

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.30 to 10.00 A.M., for examination and treatment of all poor persons afflicted with disease of the eye or ear. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express or messenger.

Admission fee: Adults, fifty cents; children under sixteen years of age, fifteen cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 P.M., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-one dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over seven years of age. Children under seven years of age may be visited on Sundays and legal holidays from 1 to 2 P.M., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient.

The Infirmary reserves the right to investigate every case.



MASS. EYE AND EAR INFIRMARY.

One Hundredth Annual Report
of the
Massachusetts
Eye and Ear Infirmary

For the Year
1925

BOSTON

OFFICERS, 1926

BOARD OF MANAGERS, 1925-1926

1887	GEORGE P. GARDNER, 40 State Street
1903	WILLIAM C. ENDICOTT, 71 Ames Building
1903	RUSSELL G. FESSENDEN, 50 State Street
1905	HERBERT M. SEARS, 53 State Street
1907	CHARLES P. CURTIS, 71 Ames Building
1907	ROBERT H. STEVENSON, JR., 268 Summer Street
1907	JOHN LAWRENCE,* 10 State Street
1914	JAMES DEAN, 30 Federal Street
1914	JAMES C. HOWE, 17 Court Street
1918	EDWARD H. BRADFORD, M.D., 253 Newbury Street
1922	ALBERT L. SCOTT, Lockwood, Greene & Co., Inc., 24 Federal Street
1922	T. JEFFERSON COOLIDGE, 17 Court Street
1924	PHILIP STOCKTON, Manchester, Massachusetts
1925	LEVERETT SALTONSTALL,* 55 Congress Street

President

EDWARD H. BRADFORD, M.D.

Secretary

JAMES C. HOWE, 17 Court Street, Boston

Treasurer

JAMES DEAN, 30 Federal Street, Boston

Executive Committee

GEORGE P. GARDNER

HERBERT M. SEARS

JOHN LAWRENCE

Finance Committee

RUSSELL G. FESSENDEN

ROBERT H. STEVENSON, JR.

JAMES C. HOWE

*Appointed by the Commonwealth.

MASSACHUSETTS EYE AND EAR INFIRMARY

VISITING COMMITTEE

January	MR. FESSENDEN	July	MR. STOCKTON
	MR. SEARS		MR. STEVENSON
February	MR. SEARS	August	MR. STEVENSON
	DR. BRADFORD		MR. COOLIDGE
March	DR. BRADFORD	September . . .	MR. COOLIDGE
	MR. SCOTT		MR. CURTIS
April	MR. SCOTT	October	MR. CURTIS
	MR. HOWE		MR. ENDICOTT
May	MR. HOWE	November . . .	MR. ENDICOTT
	MR. DEAN		MR. GARDNER
June	MR. DEAN	December	MR. GARDNER
	MR. STOCKTON		MR. FESSENDEN

Ladies' Visiting Committee

MRS. RICHARD CARY CURTIS, *Chairman*

MISS ELIZABETH BEAL	MISS TERESA MERRIAM
MRS. G. COLKET CANER	MRS. HENRY W. MINOT
MISS J. B. COLT	MRS. JOHN R. MUNN
MRS. LOUIS CURTIS, JR.	MISS ANNIE ENDICOTT NOURSE
MRS. SAMUEL ELIOT	MISS CAROLINE OLIN
MRS. WILLIAM ENDICOTT	MRS. HAROLD PEABODY
MISS EDITH FITZ	MRS. JOHN R. POST
MRS. WILLIAM S. FORBES	MRS. S. A. SARGENT, JR.
MRS. REGINALD FOSTER	MISS EMILY SEARS
MRS. BARTLETT HARWOOD	MRS. LESLIE SOULE
MISS MILDRED KENNEDY	MRS. P. A. STEPHEN
MRS. WILLIAM KIRKBRIDE	MRS. T. C. THACHER, JR.
MRS. GEORGE H. LYMAN, JR.	MISS CONSTANCE VAILLANT
MISS CLARA B. WINTHROP	

EXECUTIVE OFFICERS

Director

FREDERIC A. WASHBURN, M.D.

Assistant to the Director

SOPHIA B. EASTMAN, R.N.

OFFICERS, 1926

SURGICAL BOARD

Consulting Ophthalmic Surgeons

HENRY W. BRADFORD, M.D.
H. BECKLES CHANDLER, M.D.
MYLES STANDISH, M.D.
EDWIN E. JACK, M.D.

HENRY H. HASKELL, M.D.
ALEXANDER QUACKENBOSS, M.D.
WALTER B. LANCASTER, M.D.
FRED M. SPALDING, M.D.

PETER H. THOMPSON, M.D.

Consulting Aural Surgeons

FREDERICK L. JACK, M.D.
WILLIAM F. KNOWLES, M.D.
FRANCIS P. EMERSON, M.D.
EUGENE A. CROCKETT, M.D.

ALGERNON COOLIDGE, M.D.
J. PAYSON CLARK, M.D.
FREDERIC C. COBB, M.D.
JOSEPH L. GOODALE, M.D.

Ophthalmic Chief of Service

GEORGE S. DERBY, M.D.

Aural Chiefs of Service

PHILIP HAMMOND, M.D.

D. HAROLD WALKER, M.D.

HARRIS P. MOSHER, M.D.

Laryngological Chief of Service

HARRIS P. MOSHER, M.D.

Ophthalmic Chief of Research

FREDERICK H. VERHOEFF, M.D.

Ophthalmic Surgeons

FREDERICK H. VERHOEFF, M.D.
SAMUEL J. McDONALD, M.D.

W. HOLBROOK LOWELL, M.D.
EDWARD K. ELLIS, M.D.

Surgeons of Oto-Laryngology

LEON E. WHITE, M.D.
GEORGE L. TOBEY, JR., M.D.
CALVIN B. FAUNCE, M.D.

D. CROSBY GREENE, M.D.
HARRY A. BARNES, M.D.
FREDERICK E. GARLAND, M.D.

MASSACHUSETTS EYE AND EAR INFIRMARY

Associate Ophthalmic Surgeons

RALPH A. HATCH, M.D.

HENRY HAWKINS, M.D.

Associate Surgeons in Oto-Laryngology

FREDERICK L. BOGAN, M.D.

HARRY P. CAHILL, M.D.

DANA W. DRURY, M.D.

WILLIAM J. HARKINS, M.D.

OLIVER A. LOTHROP, M.D.

GEORGE H. POIRIER, M.D.

CHARLES T. PORTER, M.D.

D. CAMPBELL SMYTH, M.D.

HAROLD G. TOBEY, M.D.

WILLIAM I. WIGGIN, M.D.

Assistant Ophthalmic Surgeons

HENRY G. CARROLL, M.D.

HAROLD B. CHANDLER, M.D.

ROBERT C. CHENEY, M.D.

EDWIN B. DUNPHY, M.D.

EDWIN B. GOODALL, M.D.

JOHN G. JENNINGS, M.D.

ROLAND C. MACKENZIE, M.D.

HUGO B. C. RIEMER, M.D.

RALPH H. RUGGLES, M.D.

FRED S. THORNE, M.D.

J. HERBERT WAITE, M.D.

SAMUEL H. WILKINS, M.D.

Assistant Surgeons in Oto-Laryngology

CHARLES ORRIN DAY, M.D.

HARRY P. FINCK, M.D.

EDWARDS W. HERMAN, M.D.

V. H. KAZANJIAN, M.D.

JAMES C. KIRBY, M.D.

CHARLES D. KNOWLTON, M.D.

PHILIP E. MELTZER, M.D.

LEROY A. SCHALL, M.D.

FRED ALBERT SIMMONS, M.D.

LEON E. WHITE, JR., M.D.

Ophthalmic Clinical Assistants

BARRY H. BURGESS, M.D.

MAUD CARVILL, M.D.

ALPHONSO F. RAYNES, M.D.

JAMES J. REGAN, M.D.

BENJAMIN SACHS, M.D.

Clinical Assistants in Oto-Laryngology

N. M. HUNTER, M.D.

MOSES H. LURIE, M.D.

EDWIN A. MESERVE, M.D.

C. H. SANFORD, M.D.

JOSEPH M. SCANLON, M.D.

Pathologist

FREDERICK H. VERHOEFF, M.D.

OFFICERS, 1926

Roentgenologist

A. S. MACMILLAN, M.D.

Dentist

GEORGE H. WRIGHT, D.M.D.

Anesthetist

FREEMAN ALLEN, M.D.

Assistant Anesthetist

RUSSELL F. SHELDON, M.D.

Consulting Physicians

C. MORTON SMITH, M.D.

JAMES H. MEANS, M.D.

FREDERICK T. LORD, M.D.

GERALD BLAKE, M.D.

JOSEPH C. AUB, M.D.

ARLIE V. BOCK, M.D.

PAUL D. WHITE, M.D.

HENRY F. HEWES, M.D.

FRANCIS M. RACKEMANN, M.D.

CHESTER M. JONES, M.D.

HARRY LINENTHAL, M.D.

WILLIAM B. ROBBINS, M.D.

WILLIAM D. SMITH, M.D.

GERALDO M. BALBONI, M.D.

F. GORHAM BRIGHAM, M.D.

JOHN H. TAYLOR, M.D.

HYMAN MORRISON, M.D.

FRANCIS H. MCCRUDDEN, M.D.

WILLIAM B. BREED, M.D.

RANDALL CLIFFORD, M.D.

MARGARET V. GROGAN, M.D.

ROGER P. DAWSON, M.D.

GEORGE S. HILL, M.D.

Physician to Children

FRITZ B. TALBOT, M.D.

Assistants in the Care of Children

J. HERBERT YOUNG, M.D.

RICHARD S. EUSTIS, M.D.

JOSEPH GARLAND, M.D.

Consulting Surgeons

CHARLES A. PORTER, M.D.

EDWARD P. RICHARDSON, M.D.

GEORGE W. W. BREWSTER, M.D.

ROBERT B. GREENOUGH, M.D.

DANIEL F. JONES, M.D.

HUGH WILLIAMS, M.D.

LINCOLN DAVIS, M.D.

W. JASON MIXTER, M.D.

WYMAN WHITEMORE, M.D.

RICHARD H. MILLER, M.D.

CHANNING C. SIMMONS, M.D.

BETH VINCENT, M.D.

JOHN W. CUMMIN, M.D.

Consulting Orthopedic Surgeons

NATHANIEL ALLISON, M.D.

MARK H. ROGERS, M.D.

MASSACHUSETTS EYE AND EAR INFIRMARY

Consulting Genito-Urinary Surgeon

J. DELLINGER BARNEY, M.D.

Consulting Neurologists

EDWARD W. TAYLOR, M.D.

JAMES B. AYER, M.D.

GEORGE CLYMER, M.D.

Consulting Dermatologists

CHARLES J. WHITE, M.D.

E. LAWRENCE OLIVER, M.D.

Consultant in Contagious Diseases

EDWIN H. PLACE, M.D.

Consulting Pathologists

J. HOMER WRIGHT, M.D.

OSCAR RICHARDSON, M.D.

TRACY B. MALLORY, M.D.

Refractionist

ALFRED C. TRULL, M.D.

HOUSE STAFF

Resident Physician in Oto-Laryngology

FREDERIC ELLIOT MOTLEY, M.D.

Ophthalmic Internes

RAYMOND E. MEEK, M.D.

RAYMOND F. HACKING, M.D.

DAVID BRIDGWOOD, M.D.

WILLIAM B. ANDERSON, M.D.

LELAND FIELDS CARTER, M.D.

ROSCOE W. MYERS, M.D.

Oto-Laryngological Internes

JOSIAH E. QUINCY, M.D.

CARL H. ERNLUND, M.D.

GORDON D. HOOPLE, M.D.

LINUS S. CAVE, M.D.

ROBERT L. GOODALE, M.D.

ARTHUR L. CREWSON, M.D.

Children's Medical Internes

WEN SHOU FU, M.D.

J. HERBERT YOUNG, M.D.

SUPERINTENDENT OF NURSES

SALLY JOHNSON, R.N.

CHIEF SOCIAL WORKER

AMY G. SMITH

REPORT OF THE BOARD OF MANAGERS

The Annual Report of the Massachusetts Eye and Ear Infirmary for the year 1925 is the one hundredth issued by this institution.

Established originally in the latter part of 1824 by Dr. Edward Reynolds and Dr. John Jeffries to provide a place in Boston in which diseases of the eye and ear could be treated and blindness and deafness prevented, it has grown to be one of the leading and largest hospitals of its kind in this country. By its care of patients, its researches in medical science and its training of doctors and nurses, it has rendered, and is rendering, a great public service.

The year 1925 was a very satisfactory one in accomplishment. The reports of the Director, of the Ladies' Visiting Committee and of the various departments and services, show in detail the many and various ways in which the Infirmary functions and the results achieved. We recommend very strongly a careful reading of these reports. They contain much information of great value to all persons interested in the welfare of the Infirmary.

In the Board of Managers there have been no changes during the year. In the Staff, various changes have taken place, in new appointments, promotions, changes in the names of positions, etc. The Chiefs of Service have been increased by the additional appointment of Harris P. Mosher, M.D., as Aural Chief of Service. Dr. Mosher continues to serve also as Laryngological Chief of Service. Algernon Coolidge, M.D., J. Payson Clark, M.D., Frederic C. Cobb, M.D., and Joseph Goodale, M.D., have been appointed to the Board of Consulting Aural Surgeons. Peter H. Thompson, M.D., has resigned as Ophthalmic Surgeon and has been appointed Consulting Ophthalmic Surgeon. Edward K. Ellis, M.D., has been appointed Ophthalmic Surgeon.

The Board of Managers wish to express in this report their recognition of the services rendered the Infirmary by Miss Jessie M. C. Hume, Chief of the Medical Social Service Department, and of the loss the Infirmary has sustained by her death, on April 22, 1925.

The Treasurer's Report shows in detail the record of income

MASSACHUSETTS EYE AND EAR INFIRMARY

receipts and disbursements during the year. Two noticeable items are that operating expenditures were \$364,382.59 and contributions received from the public for general purposes were \$18,429.40. It is only by the strictest economy that the receipts of the Hospital can be made to balance its expenditures. If a larger income were available the Infirmary would become of still greater value to the public.

The Board of Managers expresses to the Director, the Assistant to the Director, the Consulting Surgeons, the Chiefs of Service, and to other members of the staff of surgeons, physicians and nurses its appreciation of their loyal and efficient efforts during the year.

JAMES DEAN,
RUSSELL G. FESSENDEN,
ROBERT H. STEVENSON, JR.,
ALBERT L. SCOTT,

Committee of the Board of Managers.

REPORT OF THE TREASURER

STATEMENT OF INCOME — RECEIPTS AND DISBURSEMENTS

For the year ending December 31, 1925

Hospital Receipts — as per Director's Report \$300,204.86

LESS:

Hospital Disbursements — as per Director's Report:

General	\$339,096.19	
Social Service	12,652.36	\$351,748.55

Treasurer's Disbursements:

Auditing and Bookkeeping . . .	\$1,448.62	
Insurance	772.42	
Miscellaneous	434.45	2,655.49

Extraordinary Disbursements:

Sprinkler System — Hospital Build- ings	\$4,173.57	
Sprinkler System — Nurses' Home .	2,334.78	
Record Room — Out-Patient De- partment	2,066.20	
Gardner Ward Improvements . .	848.00	
Fireproofing Doors	556.00	9,978.55

Total		\$364,382.59
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Excess of Operating Disbursements over Hospital Receipts . .		\$64,177.73
--------------------------------------------------------------	--	-------------

LESS:

Income from Real Estate	\$1,278.29	
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Income from Investments

Securities	\$36,915.76	
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LESS: Amount appropriated

for surgical and other
equipment — trans-
ferred to Special Purpose

Funds	4,500.00	32,415.76
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Interest on Deposits	492.82	
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Receipts from Permanent Charity Fund,

Inc.	2,625.00	
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Income from Estate of E. V. Ashton . .	3,000.00	
----------------------------------------	----------	--

Income from Estate of R. B. Brigham .	1,000.00	
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Income from Estate of Charles G. Green	556.54	
----------------------------------------	--------	--

Income from Estate of Ida F. Estabrook	570.00	
----------------------------------------	--------	--

Contributions for General Purposes . .	18,429.40	
		\$60,367.81

Disbursements from Special Purpose Funds	5,078.76	65,446.57
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MASSACHUSETTS EYE AND EAR INFIRMARY

EXCESS OF INCOME RECEIPTS OVER DISBURSEMENTS FOR THE YEAR

ENDING DECEMBER 31, 1925		\$1,268.84
LESS:		
Unexpended portion of income from Aural Surgeons'		
Fund added to Principal	\$267.03	
Income from Maintenance of Gardner Building Fund		
added to Principal	555.92	
One-half income from Weber Fund added to Principal	106.87	
Income from Theodore Chase Fund — Unexpended .	130.80	1,060.62
		<hr/>
BALANCE — CARRIED TO GENERAL FUND		\$208.22

SOCIAL SERVICE WORK

STATEMENT OF RECEIPTS AND DISBURSEMENTS

For the year ending December 31, 1925

RECEIPTS:

Income from Sears Fund	\$1,046.36
Income from Brooks Fund	261.59
* Contributions	4,711.58
<hr/>	
TOTAL RECEIPTS FOR SOCIAL SERVICE WORK	\$6,019.53

DISBURSEMENTS:

Salaries of Workers	\$9,605.51
Expenses	2,770.95
Relief	275.90
<hr/>	
TOTAL DISBURSEMENTS FOR SOCIAL SERVICE WORK	\$12,652.36

JAMES DEAN,
Treasurer.

PATTERSON, TEELE AND DENNIS,
Accountants and Auditors.

*Held by auditors to be capital. Not included in income receipts.

REPORT OF THE TREASURER

INVESTMENT SECURITIES

December 31, 1925

BONDS

\$3,000	American Agricultural Chemical Co. 5s 1928
4,000	American Agricultural Chemical Co. 1st Refunding Mortgage 7½s 1941
10,000	American Smelting & Refining Co. 1st 5s 1947 Series "A"
15,000	American Telephone & Telegraph Co. 5½s 1943
10,000	Appalachian Power Co. 5s 1941
10,000	Atchison, Topeka & Santa Fe Railway General Mortgage 4s 1995
10,000	Boston & Albany Railroad Improvement 4s 1933
10,000	Brown Company 6s 1942
15,000	Bush Terminal Bldg. 5s 1960
10,000	Butte Electric & Power Co. 5s 1951
10,000	California Gas & Electric Corporation 5s 1937
15,000	Canadian National Railways 30 yr. 4½s 1954
10,000	Chesapeake & Ohio Railway General Mortgage 4½s 1992
10,000	Chicago City Railway 1st Mortgage 5s 1927
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
15,000	Chicago, Rock Island & Pacific 5% Notes 1929
15,000	Detroit Edison Co. 1st Mortgage 5s 1933
10,000	Fitchburg Railroad Co. 4s 1927
10,000	Georgia Railway & Electric Co. 5s 1949
10,000	Illinois Central Railroad 15 yr. 5½s 1934
10,000	International Paper Co. 6s 1955
10,000	Kansas City & Memphis Railway & Bridge Co. 1st 5s 1929
10,000	Kansas City Power & Light Co. 5s 1952
9,000	Kingdom of Belgium 7½s 1945
25,000 } Guilders }	Kingdom of the Netherlands Series "A" 6s 1972
10,000	Laurentide Power Co. 5s 1946
10,000	Long Island Railroad Co. Unified Gold 4s 1949
7,000	Louisville & Jeffersonville Bridge Co. 4s 1945
15,000	Manchester Traction, Light & Power Co. 5s 1952
6,700	Massachusetts Hospital Life Insurance Co. Annuity
10,000	Memphis Power & Light Co. 5s 1948
10,000	Michigan Central Railroad Co. 3½s 1952
10,000	Mississippi River Power Co. 1st 5s 1951
15,000	Montreal, City of 5s 1943
10,000	New Brunswick, Province of 5s 1934
15,000	New England Telephone & Telegraph Co. 5s 1932
10,000	New Orleans Public Service Inc. 1st & Refunding 5s 1952 Series "A"
5,000	New Orleans Public Service Inc. 1st & Refunding 5s 1955 Series "B"
15,000	New York Central & Hudson River R.R. 3½s 1998
15,000	Northern Pacific Railway Co. 3s 2047

MASSACHUSETTS EYE AND EAR INFIRMARY

\$10,000	Ohio Power Co. 1st & Refunding 6s Series "C" 1953
20,000	Oregon Short Line Railroad Refunding 4s 1929
10,000	Philadelphia Rapid Transit 5½s 1932
10,000	Public Service Corporation of N. J. 6s 1944
10,000	St. Johnsbury & Lake Champlain 1st 5s 1944
10,000	St. Paul Union Depot Co. 1st & Refunding 5s 1972
3,000	Savannah Electric Co. 1st Consolidated 5s 1952
10,000	Seattle Electric Co. 1st 5s 1930
10,000	Shawinigan Water & Power Co. 5½s 1950
10,000	Southern Bell Tel. & Tel. Co. 1st Sinking Fund 5s 1941
10,000	Southern California Edison Co. General 5s 1939
10,000	Southern Pacific Co. 4s 1929
10,000	Steel & Tube Co. of America Series "B" 6s 1944
5,000	Swift & Co. 1st 5s 1944
10,000	Tacoma Railway & Power Co. 1st 5s 1929
10,000	Toronto, City of 5s 1938
5,000	United Electric Securities Collateral Trust 5s 1942
25,000	U. S. Steel Corporation Sinking Fund 5s 1963
10,000	Wisconsin Electric Power Co. 1st 5s 1954

STOCKS

200 shs.	American Telephone & Telegraph Co.
100 shs.	Atchison, Topeka & Santa Fe Ry., Common
250 shs.	Ballardvale Mills Co., Preferred
50 shs.	Boston Elevated Railway Co., 2nd Preferred
10 shs.	Boston Real Estate Trust
100 shs.	Chicago Railways & Union Stock Yards, Preferred
25 shs.	Dwelling House Associates
100 shs.	Electric Bond & Share Co., Preferred
100 shs.	Illinois Central Railroad, Common
100 shs.	New York Central Railroad
20 shs.	Oliver Building Trust
50 shs.	Standard Oil Co. of New Jersey, Preferred

REPORT OF THE TREASURER

SECURITIES HELD FOR THE WEBER FUND

Bonds

\$5,000 Commonwealth of Mass. Registered 3s 1928
1,500 U. S. Liberty Loan 4th 4 $\frac{1}{4}$ s 1938

The Managers gratefully acknowledge receipt of the following legacies during the year 1925:

ESTATE C. F. SWEENEY	\$50.00
ESTATE CHARLES G. GREEN	329.09
ESTATE IDA F. ESTABROOK	10,000.00
	<hr/>
	\$10,379.09

REPORT OF THE LADIES' VISITING COMMITTEE

The Ladies' Visiting Committee has set itself a very definite task. It is its ambition to form a connecting link between the staff and the patients on the one side, and the world outside of the Infirmary walls on the other, to express their sympathy to the patients and their appreciation to the staff and to try to tell to the public the work and the needs of the Infirmary. The Committee has adopted necessarily as its means to this end a system of regular visits by the ladies to the Infirmary and a campaign of publicity outside. To these primary purposes must be added their determination to form a real cog in the Infirmary's machinery, by raising funds to support at least a part of the Social Service and the Occupational Therapy work.

We are now twenty-eight in number, and I hope we will continue to become larger all the time. We have regular meetings, the second Wednesday morning of each month, in the Infirmary. Miss Eastman, Miss Johnson of the Massachusetts General Hospital, Miss Potter and Miss Smith have been constant in their attendance at the meetings and all thanks are due to their invaluable advice. Miss A. E. Nourse is to be head of arranging afternoon teas at the Nurses' Home for the nurses. We had the first tea December 3d, and we hope to have a tea once a month during the winter.

We raised three thousand dollars in the past year through the great generosity and kindness of — (1) Mrs. Ayscough, who gave a lecture on China, (2) John Gilbert, Jr.'s grocery store, who gave us 20% of a three days' sale, (3) the kind donations of many friends of the Infirmary. With this sum the Committee was able to support two Social Service Workers and to start the Occupational Therapy work.

One last word on Occupational Therapy may well be added as we feel convinced that this branch of the Infirmary will become increasingly important. The purpose, of course, is to keep the hands and minds of the convalescent patients occupied, to provide

REPORT OF THE LADIES' VISITING COMMITTEE

entertainment and diversion. Last summer we obtained the half-time services of two occupational workers, one for the children and one for the adults. This November the Committee succeeded in employing Miss Helen Wade, who will devote her whole time to the Infirmary. Miss Helen Wade is a graduate of the Boston School of Occupational Therapy. We believe that the Infirmary is the first among its contemporaries, other than purely mental hospitals, to engage a thoroughly trained Occupational Therapy worker.

MRS. RICHARD CARY CURTIS,

Chairman.

DIRECTOR'S FINANCIAL STATEMENT

JANUARY 1, 1925 TO JANUARY 1, 1926

MASSACHUSETTS EYE AND EAR INFIRMARY

OPERATING EXPENSES		1925	1924
SALARIES AND WAGES			
Officers and Clerks		\$20,557.59	\$19,674.42
Telephone Operators		2,668.64	2,693.87
Out-Patient Department Clerks		8,910.08	9,051.65
Social Service Department		11,525.73	12,240.54
Druggists		3,642.82	3,337.91
Opticians		5,728.15	5,088.25
Refractionists		812.39	1,327.03
Superintendent of Nurses and Assistants		2,426.65	2,116.66
Head Nurses and Assistants		37,821.23	34,237.03
Post-Graduate Nurses		1,233.20	763.46
Pupil Nurses		269.07	800.65
Attendant Nurses		8,968.15	6,897.94
Orderlies		10,646.19	9,399.01
Ward Maids		2,821.16	2,325.16
X-Ray Department		4,394.86	3,488.90
Pathological Laboratory		3,178.31	3,266.23
Store		1,800.00	1,500.00
Occupational Therapist		187.49	
Housekeeping and Kitchen		28,576.33	26,754.27
Laundry		7,150.70	6,578.37
Maintenance, Property and Plant		11,817.79	9,791.71
Medical and Surgical Staff		6,126.95	6,375.00
Special Nurses		\$181,263.48	\$167,708.06
		25,425.00	19,482.00
TOTAL		\$206,688.48	\$187,190.06

HOSPITAL RECEIPTS		1925	1924
Board of Ward Patients		\$71,942.82	\$65,835.19
Operating Room Fees		6,478.00	5,795.00
X-Rays		12,003.20	9,428.20
Wassermann Tests		366.50	254.50
Refractions		8,487.45	8,560.45
Optical		51,820.99	51,793.56
Apothecary		14,462.67	13,652.69
Admission Fees, Out-Patient Department		28,926.23	25,215.98
Throat Patients' Board, Operating Room		9,384.10	9,821.00
Telephone, Interest, Stamps		517.68	548.39
Grease, Bones, Boxes, Barrels and Junk		102.11	118.40
Records and Certificates		780.23	670.05
Miscellaneous		1,570.25	1,669.25
Board, Private Patients		50,451.50	43,968.05
Operating Room Fees, Private Patients		17,537.00	15,420.00
X-Rays, Private Patients		1,176.00	1,257.00
Wassermann Tests, Private Patients		103.00	42.00
Miscellaneous, Private Patients		68.50	107.69
Special Nurses, Ward		\$276,178.23	\$254,157.40
Special Nurses, Private		7,222.63	4,459.00
		16,804.00	15,866.00
TOTAL		\$300,204.86	\$274,482.40

REPORT OF THE DIRECTOR

OPERATING EXPENSES		SUMMARY, 12 MONTHS		1925	1924
SUPPLIES					
General Administration		Salaries and Wages		\$206,688.48	\$187,190.06
Apparatus and Instruments		Supplies		145,060.07	131,220.76
Medical and Surgical		Total Maintenance Expenses		\$351,748.55	\$318,410.82
Wassermann Tests		Extraordinary Expenses		9,978.55	7,583.00
X-Rays		Total Hospital Expenses		\$361,727.10	\$325,993.82
Optical		Total Hospital Receipts		300,204.86	274,482.40
Housekeeping and Kitchen		Excess of Expenses over Receipts		\$61,522.24	\$51,511.42
Laundry					
Meat, Poultry and Fish					
Fruit and Vegetables					
Bread and Flour					
Milk and Cream					
Groceries					
Butter and Eggs					
Gas					
Electric Lighting, Nurses Home					
Heat, Light and Power, Hospital					
Buildings					
Fuel, Nurses Home					
Water, Hospital Buildings					
Water, Nurses Home					
Maintenance, Property and Plant					
Refunds					
Miscellaneous					
TOTAL				\$145,060.07	\$131,220.76

REPORT OF THE DIRECTOR

TO THE BOARD OF MANAGERS:

Gentlemen: I have the honor to submit herewith my eleventh report to your Board.

The following table shows the pay and free days of patients admitted to the hospital, exclusive of the private ward, for the last five years:

1921		1922	
Free	Full Rate	Free	Full Rate
*29,459	16,963	*25,792	19,325
(46,422)		(45,117)	
1923		1924	
Free	Full Rate	Free	Full Rate
*27,030	19,881	*25,531	21,209
(46,911)		(46,740)	
1925			
		Free	Full Rate
		*19,194	23,980
		(43,174)	

The following are comparative figures at a ten-year interval:

House Patients:					Out-Patient Visits:		
Year	Ophth.	Aural	Nose and Throat	Total	Ophth.	Aural	Total
1915	1,794	1,852		3,646	39,300	28,326	67,626
1925	1,741	585	3,111	5,437	46,840	29,077	75,917
Hospital Receipts:				Hospital Expenditures:			
1915	\$ 53,243.89			\$136,053.86			
1925	300,204.86			351,748.55			

* These figures are obtained by taking the amount of money received for board of patients in public wards, and dividing that figure by the full rate of board prevalent at the time. This gives the number of days of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

REPORT OF THE DIRECTOR

The following events of the past year should be noted:

The Infirmary has established the position of Resident Surgeon on the Aural Staff. This is in line with the custom of most hospitals of today.

On April 22, 1925, Miss Jessie M. C. Hume, Chief of the Medical Social Service Department at the Infirmary, died. She served with a forgetfulness of self, which will be long remembered. She is a great loss to the Infirmary. Miss Amy G. Smith has been appointed to succeed Miss Hume.

The Ladies' Visiting Committee, Mrs. Richard C. Curtis, Chairman, has been very helpful. They have provided the Infirmary with a paid worker in Occupational Therapy. This has made a great difference in the comfort and happiness of our patients. We very much appreciate the help of this Committee.

The most important decision reached during the year was that the Board of Managers have come to an agreement with the Massachusetts General Hospital, whereby the latter Institution is to make an earnest effort to raise the money and to erect a building connecting the Infirmary with the Out-Patient Department building of the Massachusetts General Hospital. The plan is for the Infirmary to use enough of the space thus provided to care for its Out-Patient Department needs and free the present congested Out-Patient quarters for other purposes. There are good reasons to hope that in the coming year a very considerable sum will be provided for the installation and support of research laboratories at the Infirmary, and for this purpose space would be thus obtained. It is also very desirable to bring the X-Ray Department down to the first floor of the main building and give it more room. The administration offices should be on the first floor and not on the second, as they are now.

The following items are those of extraordinary expense during the year:

Sprinkler System — Nurses' Home	\$2,334.78
Hospital Building	4,173.57
Division of the O.P.D. Room (Hearing Test Room & Eye Research)	2,066.20
New cubicles in Gardner	848.00
Fireproofing Doors	556.00

\$9,978.55

MASSACHUSETTS EYE AND EAR INFIRMARY

The following are the major needs of the Infirmary:

- (1) A large increase in endowment. This is needed that, as our work expands, we may meet the increased cost without too great a burden upon our patients.
- (2) An additional building for housing nurses and employees.

The Infirmary has minor needs as follows:

- (1) Change in the heating system from indirect heating to direct heating.
- (2) Laundry changes.
- (3) Installation of cleaners' closets on each floor.
- (4) Certain ward rearrangements.

The total cost for these minor needs would be in the neighborhood of thirty-five thousand dollars. It is hoped this money will be provided, so that at least some of these needs may be met during the year 1926.

Attention is invited to appended reports and tables of statistics.

The Director wishes to record his appreciation of the courtesy and support invariably received from the Board of Managers and of the faithful services of officers and employees of the Institution over and above the line of duty. Much is given for which money cannot pay.

FREDERIC A. WASHBURN, M.D.,
Director.

REPORT OF THE WORK OF THE GARDNER BUILDING

JANUARY 1, 1925 TO JANUARY 1, 1926

During the past year 304 patients were treated in the Gardner Building. Of these, 36 were treated for gonorrheal ophthalmia neonatorum, and 70 for non-gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in eight cases of gonorrheal ophthalmia neonatorum, two of these being clear on discharge. At the time of entrance the cornea was involved in five cases of non-gonorrheal ophthalmia neonatorum, one of these being clear on discharge. The cornea became involved in one case of gonorrheal ophthalmia neonatorum and two cases of non-gonorrheal ophthalmia neonatorum after admission.

There were 14 patients treated for gonorrheal suppurative conjunctivitis and 24 for non-gonorrheal suppurative conjunctivitis. At the time of entrance, the cornea was involved in eight cases of gonorrheal suppurative conjunctivitis, one of these being clear on discharge. At the time of entrance, the cornea was involved in six cases of non-gonorrheal suppurative conjunctivitis, two of these being clear on discharge. The cornea became involved in one case of gonorrheal conjunctivitis after admission.

There were also 31 patients treated for trachoma.

Thirty-eight patients were transferred to Gardner Building for erysipelas and other infectious diseases which manifested themselves in the general wards of the hospital. Of the remaining 91, 84 were admitted for specific and infectious diseases and 7 with a question of infectious diseases.

REPORT OF THE DIRECTOR

STATISTICS

JANUARY 1, 1925 TO JANUARY 1, 1926

HOUSE PATIENTS

Number of patients treated in ophthalmic wards	1,741
Number of patients treated in aural wards	585
Number of patients treated in nose and throat wards	3,111
Number of patients treated in private wards:	
Ophthalmic 529	} 1,966
Aural 148	
Nose and Throat, 1,289	
	<hr/> 7,403
Average number of patients treated daily in the public wards	118+
Average number of patients treated daily in the private wards	27+
Average number of days patients remained in the hospital	7+
*Number of days board furnished free	19,194
*Number of days board paid at full rate in public wards	23,980
Number of days board paid in private wards	10,182
	<hr/> 53,356
Cost per patient public and private wards per week	\$41.86
Cost per patient public and private wards per day	5.98+
Cost of subsistence per inmate per day . . . . .	.49+
Number admitted free	365
Number admitted at less than \$10.50 per week	830
Number admitted at \$10.50 per week	460
Number admitted at \$14.00 per week	31
Number admitted at \$17.50 per week	1
Number admitted at \$21.00 per week	3,744
Number admitted at \$36.19 per week	2
Number admitted at \$38.50 per week	3
Number admitted at \$40.00 per week	1

* These figures are obtained by taking the amount of money received for board of patients in public wards, and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

REPORT OF THE DIRECTOR

PRIVATE PATIENTS

Number admitted at \$28.00 per week	1,276
Number admitted at \$35.00 per week	25
Number admitted at \$42.00 per week	0
Number admitted at \$49.00 per week	635
Number admitted at \$56.00 per week	29
Number admitted at \$77.00 per week	1
	<hr/>
	7,403

CONDITION OF PUBLIC WARD PATIENTS ON DISCHARGE

Untreated	0
Against advice	29
Died	46
Otherwise discharged	5,374
Remaining in hospital on December 31, 1925	93
	<hr/>
	5,542
Patients in the Hospital on January 1, 1925	105

OUT-PATIENT DEPARTMENT

New patients treated:

Ophthalmic	15,918
Aural	9,188
	<hr/>
Total	25,106

Old patients treated:

Ophthalmic	30,922
Aural	19,889
	<hr/>
Total	50,811

Total visits in Out-Patient Department	75,917
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MASSACHUSETTS EYE AND EAR INFIRMARY

INVENTORIES

	Jan. 1, 1926	Jan 1, 1925
Store-Room Inventory:		
General Administration	\$1,975.16	\$2,060.78
Housekeeping and Kitchen	5,821.12	6,734.19
Canned Supplies, Groceries, etc.	2,424.83	1,732.60
Medical and Surgical	295.85	627.56
X-Ray Department	313.68	274.42
Maintenance Supplies	250.78	190.06
	<hr/>	<hr/>
	\$11,081.42	\$11,619.61
Apothecary Inventory	\$4,327.86	\$4,799.62
Optical Department Inventory	\$5,536.45	\$4,150.80

SCHOOL OF NURSING

FOR POST-GRADUATE NURSES AND AFFILIATING STUDENT NURSES

JANUARY 1-DECEMBER 31, 1925

During the year just closed, 30 post-graduate nurses and 56 affiliating student nurses have come to the Massachusetts Eye and Ear Infirmary for its special course in nursing. Of these, 27 post-graduates and 53 affiliates have received certificates. The Massachusetts Eye and Ear Infirmary has this year, for the first time, issued a well-designed, dignified certificate to the affiliating students.

The year has added affiliations from the Chelsea Memorial Hospital, the Childrens Hospital, Boston, and the Brockton Hospital. The enrollment on December 31 is: 4 students from the Massachusetts General Hospital; 2 from the Melrose Hospital; 1 from the Peter Bent Brigham Hospital; 1 from the Childrens Hospital; 2 from the Chelsea Memorial Hospital; 4 post-graduate students on duty in the wards; and 2 post-graduates on duty in the Social Service Department. The largest number of students on duty at any one time has been 19, and the lowest, 11. The post-graduate students have come from the southern and mid-western sections of our own country and from Cuba. Several have come from Canada. Missionary nurses on leave from China and Africa have taken this course.

From the statistics above, one can see that the number of student nurses is a fluctuating one. This is because the schools connected with General Hospitals cannot guarantee a given number of students all the year round, and because post-graduate students more frequently apply during the autumn and winter months than at other times. A larger number of affiliating schools would tend to stabilize the number of students. For this reason it is desirable to increase the number of affiliating schools.

MASSACHUSETTS EYE AND EAR INFIRMARY

In a hospital caring for a special group of patients, the student nurses stay is necessarily short. Therefore, there must be a constant staff of graduate nurses. It is a pleasure to record that, among this group, there have been many graduate nurses who have stayed for periods of considerable length. These women form the backbone of the nursing group, and it is they who become the experts and the teachers. To this group has been added another graduate on the private floor. This nurse is on duty from 3.30 P.M. until 12 midnight, in order to assist with the evening care of patients.

In June, a graduate nurse was engaged to do refractions in the Out-Patient Department. This was perhaps rather an innovation, but a satisfactory one.

Probably, next after the appreciation of the patients, nobody appreciates the help which comes from the ladies of the lay committees so much as the nurses. During the summer months, the time when the post-graduate group is always small, the Speech Readers Guild made hundreds of surgical supplies. During the summer, also, the Ladies' Visiting Committee furnished an Occupational Therapist for the adult wards. As all patients are confined to the wards and piazzas, and many are permanently or temporarily deprived of sight and hearing, this occupation is a blessing. This same committee provided a Kindergartner for the nursery. One visit to that ward is sufficient to realize how much such a worker raises the tone of a nursery.

Nor do these activities complete the contributions of the Ladies' Visiting Committee so far as the nurses are concerned; for in December two members of that Committee gave the first of a series of teas in the Nurses' Home. That tea was well attended, much enjoyed, and thoroughly appreciated.

The furniture in the living room and reception room of the Nurses' Home has been reupholstered. The proceeds of a party, given by the graduate nurses, purchased a new floor lamp and two new table lamps.

Such occasions as these contribute much to the spirit of a hospital. A special hospital, such as the Massachusetts Eye and Ear Infirmary, needs to make every effort to create both loyalty and pride in its personnel.

POST-GRADUATE TRAINING SCHOOL REPORT

While the year just closed has brought many heartening features to the work of the nursing group, its members feel strongly that they could give far more satisfactory care to the patients were the second and third floors divided. One floor of 50 to 60 patients under the direction of one head nurse, even though there is a graduate assistant, makes an unwieldy organization. It is hoped that the near future may bring a remedy to this grouping of patients.

The Massachusetts Eye and Ear Infirmary is to be congratulated upon the continued service in the Training School Office of Miss Potter, Miss Sarcka, and Miss Dennison. Such assistance as the nursing personnel may have given to the administration and medical staff of the Infirmary is in no small measure due to the efficient work of these women.

Respectfully submitted,

SALLY M. JOHNSON, R. N.,

Superintendent of Nurses.

REPORT OF THE MEDICAL-SOCIAL SERVICE DEPARTMENT

The Medical-Social Service Department of the Infirmary during the first six months of 1925 went through a trying period. With the illness and loss of its chief worker, the registration of the worker on the ear service, and consequent readjustments to meet the demands of the work, it was owing largely to the fine spirit of loyalty, shown by the workers, that the department's work was carried on so creditably. On June 22 a new chief worker came to the staff.

There have been no radical changes in the work. Emphasis is still laid on prevention, the conservation of sight and hearing. This continues to bring the department into close working co-operation with the Division of the Blind, who keep supervision over the children referred to them for sight saving school classes, and also those adult patients whose low vision or blindness shows their need for special education and industrial training. This training prepares the adults for work, by which they may be at least partially self supporting.

As there is no Division of the Deaf in Massachusetts, we must seek help for many of our adult deaf and hard-of-hearing patients elsewhere. We find the Speech Readers Guild a valuable assistance in working out any plan we propose for the patients.

Preventive work also means more than work with the Infirmary patients. Other individual members of the patient's family come under the worker's care. She takes them to clinics at the Massachusetts General Hospital for examinations and treatments, and often the whole family is under her supervision for months, perhaps years.

In November 1925 the Boston Tuberculosis Association surveyed our year's work of handling the Boston cases of Phlyctenular Keratitis and concluded that the results were favorable in proving it to be a legitimate part of the general problem of the fight against tuberculosis. With this decision the worker will continue another year under their financial support. In connection with the In-

REPORT OF MEDICAL-SOCIAL SERVICE DEPARTMENT

firmary work with this group, the most careful attention to the general physical condition is given in the Children's Clinic at the Massachusetts General Hospital. All of which medical findings with the results of treatment will contribute to a study which covers some years. These facts, both socially and medically, when assembled, should give us a basis for continued work with this type of case.

Again this year we have been greatly helped in our work with some of the little children suffering from Phlyctenular Keratitis by the Boston Nursery for Blind Babies. Through their generosity, children have been accepted for more or less long periods of convalescence, where the homes were unfit for their immediate return from the wards.

The medical follow-up and refer work has grown considerably during the past year. The follow-up worker personally steers those patients referred from the eye clinic for examination and treatment to the Massachusetts General Hospital, and in 1925 the increase in work was 25.5 per cent. With proof of the value of this particular service, both to doctor and patient, we hope to replace the ear refer worker who left us in July. Some of this work has been handled recently by volunteers, but a steady paid worker would relieve the social worker on the aural service for more uninterrupted social work with her patients in the clinic.

The chief worker continues as part of the teaching staff to the Post-Graduate School, and since July five nurses have taken the elective month's course in the Social Service Department.

The Department staff consists of six full-time social case workers, a full-time follow-up worker, a part-time follow-up worker with a special group of patients, a part-time research worker, a stenographer and chief worker. Three volunteers have assisted in the Department's out-patient work, and five have gone into the wards as readers to the adults and children.

The following will give an idea of the work carried on during the year:

Socially recorded cases brought forward from previous year	513
New and recurrent recorded cases	1,059
Patients given service but not recorded	642
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Total number of patients for whom some social service was rendered	2,214

MASSACHUSETTS EYE AND EAR INFIRMARY

Follow-up cases brought forward	4,790
New follow-up cases	1,760
Patients personally steered to Massachusetts General Hospital . . .	2,731
Patients referred to Division of the Blind	281
Visits to homes of patients	1,649
Visits to agencies in behalf of patients	243
	<hr/>
Total number of visits	1,892

In completing much of the work with these patients we have been materially helped by the grant of money from the Permanent Charity Fund, Inc. Without this the loans and gifts for glasses, convalescent care, transportation of patients and numerous other benefits could not have been given. We are very grateful for this aid.

During the year the Department has had gifts of books, magazines and flowers from many interested friends of the Infirmary, and they have given much pleasure to patients in the wards.

A Christmas party was given to our out-patient children to which kind friends brought a Punch and Judy show and a group of students from the Quincy High School Orchestra were delighted to give their services. One of our physicians acted as Santa Claus, and with jingling bells came down an improvised chimney to distribute the gifts. Two children appeared at 12 o'clock the day of the party with their lunch so they would surely be on time for all the festivities.

AMY G. SMITH,
Chief Medical-Social Worker.

REPORT OF PATHOLOGICAL LABORATORY

During the past year the number of specimens examined in the Laboratory has continued to increase. Among the unusual cases were: a case of epithelium in the anterior chamber following cataract extraction, demonstrated by microscopic examination of a piece of iris obtained by iridectomy, one of ring sarcoma of the iris, one of bone formation in the optic disc, two cases of brawny scleritis, one of retinitis with massive exudation, one of metastatic carcinoma of the choroid, two cases of Parinaud's conjunctivitis, and one of intraocular mycosis, metastatic from a systemic focus. No case similar to the latter has ever been recorded. The laboratory collection has been extensively used for teaching purposes. Dr. Verhoeff assisted by Dr. Waite has completed and published the investigation relating to separation of the choroid, and assisted by Dr. Sisson has completed an investigation of a hitherto undescribed alteration of Bruch's membrane. Dr. Verhoeff has continued his study of glaucoma, and in connection with the latter Mr. Schimek has investigated the chemical constitution of the vitreous body. The latter problem has proved to be unusually difficult. Dr. Dunphy has investigated an unusual case of bullous keratitis. Examinations of exciting eyes removed for sympathetic ophthalmia have been found of the greatest importance in demonstrating the value of a new treatment for this disease, instituted by Dr. Verhoeff, since the diagnosis can be made with certainty only by microscopic examination.

FREDERICK H. VERHOEFF, M.D.,
Pathologist and Ophthalmic Chief of Research.

REPORT OF OPHTHALMIC DEPARTMENT

During the past year the ophthalmic service at the Infirmary has continued to operate without any radical change. Certain minor improvements have been added. The new arrangement of the vision room by division into separate units has made the work there less exhausting and more efficient. Two additional places, increasing the number to seven, are nearly installed, by utilizing a cross-fire arrangement at right angles to the other lanes. For the large amount of work done there, however, we need a new room of modern construction with provision for at least ten places.

The light testing machine has been moved to a new room constructed for it, and the room which it formerly occupied has been given over to the investigation of special cases, to the elective course given by the Harvard Medical School in the fourth year, to the examinations of the other students, and it is also used as an office by the ophthalmic chief. A new slit-lamp and corneal microscope and a new perimeter have been installed there, and a closet provided where delicate apparatus may be stored in safety. There has been a considerable increase in the number of men taking the fourth-year elective course, and it is hard to see how we could have handled the situation without this extra room. We believe this advanced teaching to be very important, as it is from these students that we are likely to recruit our best internes in the future.

Last winter three courses on the use of the slit-lamp were given to some twenty-five ophthalmologists by Professor Koeppe of Halle, one of the pioneers in the development of this important instrument.

One of our services at the present time is experimenting with a new method of sorting the patients coming to the Hospital. The method in general use has been to route all new cases to the general clinic and have them sorted there. By the new method the patient, after leaving the admission desk, is given a preliminary examination, including a test of vision, and is then routed to the particular

REPORT OF OPHTHALMIC DEPARTMENT

department indicated. For this purpose the work in the clinic has been subdivided into several categories: external diseases, slit-lamp examination, ophthalmoscopic examination and refraction. The staff rotates at intervals of several weeks from one category to another. It is too early as yet to say whether the new system is a success. It seems probable that a more thorough working up of our material will be obtained.

A joint conference with the neurological department of the Massachusetts General Hospital has been instituted once a week. These conferences have proved very interesting and valuable and are well attended.

Every department of the out-patient clinic needs more space to operate efficiently. We are greatly handicapped in our examination of patients, and especially in our space for teaching.

The faulty heating system in the wards is often a positive detriment to the condition of our patients. The artificial lighting of our wards and corridors belongs to a prehistoric age. We believe that as soon as possible increased recreational facilities, such as a smoking room, should be provided for the male patients. A room for juveniles should also be provided.

The new private operating room is a great addition to our equipment, but the rooms for private patients are too few in number and leave much to be desired in comfort.

The development of occupational therapy has been a great boon to our patients, as has the increased number of readers so kindly supplied by the Ladies' Committee. We appreciate fully the coöperation of the administration and the Social Service Department.

GEORGE S. DERBY, M.D.,

Ophthalmic Chief of Service.

REPORT OF AURAL DEPARTMENT

The most important change during the year has been rendered necessary by the closer union of the ear department with the nose and throat. It has been found inexpedient to continue the long service given each branch by the visiting physicians. As rearranged, there will now be three aural services. Each service will cover four months, and be directed by a separate chief. It is expected that this arrangement will work to the advantage, of not only the Infirmary, but also of the entire visiting staff.

Studies of the hearing recorded by the audiometer, the new electrical testing device of the Western Electric Co., have been carried on during the year, and it is felt that satisfactory progress is being made.

The new room for hearing tests has been completed, and is receiving favorable comment from the staff and visiting physicians.

Early in the year it was felt that the time has now arrived to have a resident in the Infirmary to prosecute certain lines of research and to have general oversight of the out-patient clinic. In this position, Dr. Frederic E. Motley, a recent interne, has proved a valued assistant.

PHILIP HAMMOND, M.D.,
D. HAROLD WALKER, M.D.,
HARRIS P. MOSHER, M.D.,

Aural Chiefs of Service.

REPORT OF THE LARYNGOLOGICAL SERVICE

Two major changes have been made which affect the Throat Department, namely the amalgamation of the Throat and Ear services into a single service in Otolaryngology and the appointment of a Resident Physician in Otolaryngology. Members of the staff who previously held an appointment in both the Aural and the Throat Departments and served three months in each have now a single service of four months equally divided as to ear and throat work. The new grade of Associate Surgeon in Otolaryngology has been created and a number of senior men have been promoted to this grade. The second major change, namely the appointment of a Resident Physician in Otolaryngology, means that there is always a man of experience on duty in the House. The appointment of the resident is a marked step toward continuous efficiency. Dr. Motley has been very acceptable in the position. With a resident physician the staff have a feeling of security which they have never had before.

The affiliation with the Children's Department of the General Hospital whereby the ear, nose and throat cases in the Nursery have the benefit of the routine care of the children's staff and a house officer has proved of great value.

The clinical meetings of the staff held every Friday have been continued faithfully. The attendance of staff men not on duty has been gratifying. Many of the cases presented have been of exceptional interest. The room in which the meetings are held has recently been refitted and except for size is very adequate for its purpose.

The amount of major operating done in the Throat Wards is increasing. A beginning has been made on the operative problems involved in total removal of the larynx. Two successful cases have been sent out of the hospital. Both involved a long stay on the part of the patient. The large expense which this called for was generously borne by the hospital in order that the staff might learn as much as possible from these desperate cases.

There has been a run of safety pin cases in babies and infants. In two the pins became lodged in the stomach and the babies were transferred to the general surgical service for the removal of the pin. In the other cases about half had the pin closed and removed. In the others the pin was pushed into the stomach and was passed later without incident. The judgment shown by the staff in these cases proved to be excellent.

There were two very dramatic and instructive cases of metallic foreign bodies — tacks — in the bronchi which were removed with the aid of the fluoroscope. In the minds of the staff these cases established the fact that they are best managed with the help of the fluoroscope. A prone fluoroscope is badly needed for this work and for the examination of certain esophageal cases. Research work on the esophagus has been continued. New facts about twists of the lower end of the esophagus have been brought out, and a new cause of webs of the upper end of the esophagus, namely exostoses of the cervical vertebrae, has been found.

A joint paper has been sent to press giving the result of two years' work on preoperative X-ray of the thymus. Nearly five thousand consecutive X-rays of the chests of children have been made.

The Friday evening meetings at the Medical School have been continued regularly. The first part of the evening is given over to reading, to studying specimens, dissecting or making casts. In the last hour an impromptu medical meeting is held in which assigned articles from current literature are abstracted by the house officers in turn. The object is to give the house officers practice in summarizing and in speaking. The men have taken the work seriously and have done it very creditably. Including members of the staff there is an average attendance of ten.

The amount of plastic work is steadily increasing. The majority of the cases are operated by Dr. Kazanjian. As was stated last year he could well be given a ward of his own.

The shortened combined service makes it possible to assign special subjects to members of the staff. For instance, at the present time Dr. Greene is working on lung abscess in conjunction with Dr. Churchill who is assigned chest surgery at the main hospital.

REPORT OF THE LARYNGOLOGICAL SERVICE

Dr. DeCloedt of Belgium is working a second year under Dr. Mosher's supervision and Dr. Kao of the Rockefeller Hospital in Pekin is spending a year in Otolaryngology.

For the greater part of the year the out-patient clinics have been very large. The total of all cases equals that of last year.

HARRIS P. MOSHER, M.D.,

Laryngological Chief of Service.

REPORT OF THE X-RAY DEPARTMENT

There has been a substantial increase in the number of patients referred to the X-ray department over the preceding year.

The examination of all children under 10 years for presence of enlarged thymus has been continued. Over 5,000 patients have been examined. The same proportion as in 1924, 7%, have been found pathologically large and have been treated by X-ray and safely operated upon.

The fluoroscope has been used as an aid in removal of foreign bodies from the bronchi. The department is in need of a horizontal fluoroscope for this work.

Lipiodol, a radiopaque solution of 40% iodine in oil, has been used in outlining cavities in the lung and dilated bronchi, the material being injected by the bronchoscopist on the X-ray table and films taken immediately. This method is a distinct aid in demonstrating pathology that is otherwise obscure.

JANUARY 1, 1925 TO JANUARY 1, 1926

Sinuses	2,331
Thymus	2,334
Mastoids	1,467
Treatments	779
F. B. (eye)	299
Teeth	247
Jaws	41
Skull	69
Chest	138
Nose	48
Optic canals	16
Sella turcica	10
Various	48
Cervical spine	15
Oesophagus	269
Number of patients X-rayed	7,556
Examinations	8,111

A. S. MACMILLAN, M.D.,
Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED BY THE SURGICAL STAFF

JANUARY 1, 1925 TO JANUARY 1, 1926

- “Headache Due to the Eyes.” By Dr. George S. Derby. Transactions of the Vermont State Medical Association, 1925.
- “Interstitial Keratitis.” By Dr. George S. Derby with Dr. Maud Carvill. Transactions of the Section on Ophthalmology, American Medical Association, 1925.
- “The Light Sense in Early Glaucoma.” By Dr. George S. Derby with Dr. J. H. Waite and Mr. E. B. Kirk. Transactions of the Convention of English Speaking Ophthalmological Societies. London, 1925.
- “The Scleroconjunctival Stitch in Cataract Extraction.” By Dr. George S. Derby. *American Journal of Ophthalmology*, 1925.
- “Results in Radical Mastoid Operations as to Hearing.” By Dr. Philip Hammond. Transactions of the American Otological Society.
- “The Nonsurgical Treatment of Ear, Nose and Throat Diseases.” By Dr. D. Harold Walker. *Annals of Otology, Rhinology and Laryngology*, September 1925.
- “A Clinical and Preoperative Study of the Thymus in Children of the Tonsil and Adenoid Age.” By Dr. Harris P. Mosher, Dr. A. S. Macmillan and Dr. Frederic E. Motley. *The Laryngoscope*. (In press.)
- “Teaching Methods.” By Dr. Harris P. Mosher. *Annals of Otology, Rhinology and Laryngology*, September 1925.
- “Use of the Paraffin Basket for Applying a Skin Graft to the Radical Mastoid Cavity.” By Dr. Harris P. Mosher. Transactions of the Otological Society. (In press.)
- “The Pathogenesis of Glaucoma.” By Dr. F. H. Verhoeff. *Archives of Ophthalmology*, 1925.
- “The Cause of Keratitis after Gasserian Ganglion Operations.” By Dr. F. H. Verhoeff. *American Journal of Ophthalmology*, April 1925.
- “Scleroconjunctival Suture in Cataract Extraction.” By Dr. F. H. Verhoeff. *American Journal of Ophthalmology*, November 1925.
- “Separation of the Choroid, with Report of a Spontaneous Case.” By Dr. F. H. Verhoeff and Dr. J. H. Waite. *American Ophthalmological Transactions*, 1925.
- “The Optic Canal in Optic Atrophy.” By Dr. Leon E. White. Transactions of the American Laryngological, Rhinological and Otological Society, 1925; *Annals of Otology, Rhinology and Laryngology*, December 1925; *Boston Medical and Surgical Journal*, Vol. 193, No. 17, October 22, 1925.
- “Papilledema of Otitic Origin.” By Dr. Leon E. White. Transactions of the American Medical Association, 1925; *Archives of Otolaryngology*, Vol. 2, No. 4, October 1925.

MASSACHUSETTS EYE AND EAR INFIRMARY

- "The Rhinological Aspect of Headaches and Cranial Neuralgias." By Dr. D. Crosby Greene. *Annals of the Transactions of the American Laryngological, Rhinological and Otological Society*, September 1925.
- "Oesophageal Cases." By Dr. D. Crosby Greene. *Surgical Clinics of North America — Lahey Clinic*, December 1925.
- "Twelve Cases of Cerebral and Cerebellar Abscesses Drained by the Mosher Wire Gauze Cone." By Dr. Harry P. Cahill. *Annals of the American Otological Society*, 1925.
- "A Procedure for the Cure of Antral Fistulae." By Dr. Dana W. Drury. *The Dental Cosmos*, March 1925, Vol. 67, No. 3.
- "Acoustic Lacunae." By Dr. Dana W. Drury. *Laryngoscope*, January 1925, Vol. 35, No. 1.
- "Diphtheria of the Ear." By Dr. Dana W. Drury. *Archives of Otolaryngology*, February 1925, Vol. 1, No. 2.
- "Fractures of the Malleus." By Dr. Dana W. Drury. *Laryngoscope*, May 1925, Vol. 35, No. 5.
- "Tests of Hearing of 500 Average Ears by the Audiometer No. 2-A." By Dr. Dana W. Drury. *Archives of Otolaryngology*, May 1925, Vol. 1, No. 5.
- "An Endocrine Factor in Otosclerosis." By Dr. Dana W. Drury. *Transactions of the Section of Laryngology, Otology and Rhinology, American Medical Association*, December 1925.
- "The Newer Methods of Intravenous Therapy in Septicaemias of Otitic Origin." By Dr. Charles T. Porter. *Annals of Otology, Rhinology and Laryngology*, September 1925.
- "Vasomotor Rhinitis." By Dr. H. G. Tobey. *Annals of the American Laryngological, Rhinological and Otological Society*.
- "Treatment of Eyes in Exophthalmic Goiter." By Dr. Edwin B. Dunphy. *Surgical Clinics of North America*, December 1924.
- "Four Cases of Foreign Body in the Oesophagus." By Dr. Charles Orrin Day. *Boston Medical and Surgical Journal*, Vol. 192, No. 16, April 16, 1925.

TABLE OF DISEASES

COMPILED FROM RECORDS

JANUARY 1, 1925 TO JANUARY 1, 1926

	HOUSE	OUT- PATIENT
SECTION I		
Specific Infectious Diseases. General Diseases	360	357
SECTION II		
Diseases Due to Animal Parasites	1	14
SECTION III		
Diseases of Metabolism	15	
SECTION IV		
Diseases Peculiar to Infancy	190	268
SECTION V		
Diseases Due to Physical Agents	4	6
SECTION VI		
Poisonings, Intoxications	1	
SECTION VII		
Tumors, Benign and Malignant	322	1,009
SECTION VIII		
Congenital Malformations	24	4
SECTION IX		
Injuries	35	25
SECTION X		
Special Skin Diseases	12	293
SECTION XI		
Diseases of the Circulatory System	14	181
SECTION XII		
Diseases of the Lymphatic System	16	19
SECTION XIII		
Diseases of the Blood. Blood-Forming Organs	1	
SECTION XIV		
Diseases of the Ductless Glands	15	1
SECTION XV		
Diseases of the Nervous System	69	94

MASSACHUSETTS EYE AND EAR INFIRMARY

	HOUSE	OUT- PATIENT
SECTION XVI		
Diseases of the Bones, Joints, Muscles, Tendons and Fascia	40	8
SECTION XVII		
Diseases and Injuries of the Eye and Ear:		
Diseases of the Eye	2,720	34,794
A. General	295	19,014
B. Lids	77	2,451
C. Lacrimal Apparatus	84	472
D. Conjunctiva	115	4,831
E. Cornea	375	3,443
F. Anterior Chamber	33	47
G. Sclera	18	89
H. Lens	933	1,439
J. Uveal Tract	48	81
1. Iris	127	420
2. Ciliary Body	23	45
3. Choroid	16	216
K. Retina	39	239
L. Vitreous	40	197
M. Optic Nerve	56	418
N. Eyeball	171	247
O. Orbit	12	23
P. Disturbances of Motion	258	1,122
Diseases of the Ear	800	12,785
Q. General	1	149
R. Auricle	24	44
S. External Auditory Canal	20	3,983
T. Eustachian Tube		144
V. Middle Ear and Mastoid	742	8,453
W. Internal Ear	13	12
SECTION XVIII		
Diseases of the Nose and Accessory Sinuses	1,060	353
SECTION XIX		
Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils and Palate	3,147	490
SECTION XX		
Diseases of the Jaw, Teeth and Gums	21	21
SECTION XXI		
Diseases of the Tongue		2

TABLE OF DISEASES

	HOUSE	OUT- PATIENT
SECTION XXII		
Diseases of the Esophagus	80	23
SECTION XXIII		
Diseases of the Stomach	2	
SECTION XXIV		
Diseases of the Intestines	2	1
SECTION XXV		
Diseases of the Liver and Gall Ducts		1
SECTION XXIX		
Diseases of the Larynx	24	16
SECTION XXX		
Diseases of the Trachea and Bronchi	22	2
SECTION XXXI		
Diseases of the Lungs		1
SECTION XXXII		
Diseases of the Pleura and Mediastinum	4	
SECTION XXXIII		
Diseases of the Kidney and Ureter	5	1
SECTION XXXVII		
Diseases of the Female Generative Organs		2
SECTION XL		
Anaphylaxis		2
SECTION XLI		
Ill-Defined or Unclassified Diseases	79	994
Totals	9,085	51,767

Form of a Bequest to the Infirmary

*I give and bequeath to the Massachusetts
Eye and Ear Infirmary of Boston, the sum
of dollars, to be applied to the uses
of said Infirmary.*

ONE HUNDRED AND FIRST
ANNUAL REPORT

of the

Massachusetts
Eye and Ear Infirmary

Incorporated in 1827

For the Year
1926

THE MASSACHUSETTS EYE AND EAR INFIRMARY

243 Charles Street, Corner Fruit Street, Boston, Mass.

OUT-PATIENT DEPARTMENT

The Out-Patient Department is open daily, excepting Sundays and legal holidays, from 8.30 to 10.00 a.m., for examination and treatment of all poor persons afflicted with disease of the eye or ear. Persons needing treatment in the hospital wards will be advised accordingly. Medicines and glasses are furnished at the Infirmary, but neither prescription nor advice will be sent by mail, express or messenger.

Admission fee: Adults, fifty cents; children under sixteen years of age, fifteen cents.

HOSPITAL

Persons recommended for admission to the hospital wards should apply at the Director's Office before 1 p.m., *on week days only, excepting legal holidays.*

Accident and emergency cases admitted at any time.

All communications about the Infirmary or any patient must be addressed to the Director, and should contain the full name of the patient as well as the name and address of the writer.

Persons admitted to the wards as in-patients will be charged for board at the rate of twenty-one dollars per week, payable in advance, unless some special arrangement is made by the Director. No reduction in rate of board made to those residing outside the Commonwealth of Massachusetts.

Visitors will be admitted to see patients from 1 to 2 o'clock in the afternoon, and but one visitor a day is allowed to each patient over seven years of age. Children under seven years of age may be visited on Sundays and legal holidays from 1 to 2 p.m., when two visitors are permitted. Visitors may be excluded at any time.

On Sundays and holidays two visitors are allowed each patient. The Infirmary reserves the right to investigate every case.



MASS. EYE AND EAR INFIRMARY.

ONE HUNDRED AND FIRST
ANNUAL REPORT

of the

Massachusetts
Eye and Ear Infirmary

For the Year

1926

BOSTON

OFFICERS, 1927

BOARD OF MANAGERS, 1926-1927

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1903 WILLIAM C. ENDICOTT, 71 Ames Building
1903 RUSSELL G. FESSENDEN, 50 State Street
1905 HERBERT M. SEARS, 53 State Street
1907 CHARLES P. CURTIS, 71 Ames Building
1907 ROBERT H. STEVENSON, JR., 50 State Street
1914 JAMES DEAN, 30 Federal Street
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1922 ALBERT L. SCOTT, Lockwood, Greene & Co., Inc., 24 Federal Street
1922 T. JEFFERSON COOLIDGE, 17 Court Street
1924 PHILIP STOCKTON, Manchester, Mass.
1925 LEVERETT SALTONSTALL,* 55 Congress Street

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Secretary

JAMES C. HOWE, 17 Court Street, Boston

Treasurer

JAMES DEAN, 30 Federal Street, Boston

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RUSSELL G. FESSENDEN

ROBERT H. STEVENSON, JR.

JAMES C. HOWE

* Appointed by the Commonwealth.

MASSACHUSETTS EYE AND EAR INFIRMARY

VISITING COMMITTEE

January	MR. FESSENDEN	July	MR. STOCKTON
	MR. SEARS		MR. STEVENSON
February	MR. SEARS	August	MR. STEVENSON
			MR. COOLIDGE
March	MR. SCOTT	September	MR. COOLIDGE
			MR. CURTIS
April	MR. SCOTT	October	MR. CURTIS
	MR. HOWE		MR. ENDICOTT
May	MR. HOWE	November	MR. ENDICOTT
	MR. DEAN		MR. GARDNER
June	MR. DEAN	December	MR. GARDNER
	MR. STOCKTON		MR. FESSENDEN

Ladies' Visiting Committee

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MRS. LOUIS CURTIS, JR.	MRS. ARLIE V. BOCK
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EXECUTIVE OFFICERS

Director

FREDERIC A. WASHBURN, M.D.

Assistant to the Director

MILDRED E. BROWN, R.N.

OFFICERS, 1927

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Laryngological Chief of Service

HARRIS P. MOSHER, M.D.

Ophthalmic Chief of Research

FREDERICK H. VERHOEFF, M.D.

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MAUD CARVILL, M.D.

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JAMES J. REGAN, M.D.

BENJAMIN SACHS, M.D.

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N. M. HUNTER, M.D.

CARL H. ERNLUND, M.D.

MOSES H. LURIE, M.D.

G. BERNARD FRED, M.D.

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ROBERT L. GOODALE, M.D.

JOSIAH E. QUINCY, M.D.

JOSEPH M. SCANLON, M.D.

Pathologist

FREDERICK H. VERHOEFF, M.D.

OFFICERS, 1927

Roentgenologist

A. S. MACMILLAN, M.D.

Dentist

GEORGE H. WRIGHT, D.M.D.

Anesthetist

FREEMAN ALLEN, M.D.

Assistant Anesthetist

RUSSELL F. SHELDON, M.D.

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Physician to Children

FRITZ B. TALBOT, M.D.

Assistants in the Care of Children

JOSEPH GARLAND, M.D.

BENOT HAMILTON, M.D.

J. HERBERT YOUNG, M.D.

Consulting Surgeons

DANIEL F. JONES, M.D.

EDWARD P. RICHARDSON, M.D.

LINCOLN DAVIS, M.D.

ROBERT B. GREENOUGH, M.D.

CHANNING C. SIMMONS, M.D.

BETH VINCENT, M.D.

HUGH WILLIAMS, M.D.

W. JASON MIXTER, M.D.

WYMAN WHITEMORE, M.D.

ARTHUR W. ALLEN, M.D.

EDWARD D. CHURCHILL, M.D.

GEORGE A. LELAND, M.D.

RICHARD H. MILLER, M.D.

MONROE A. McIVER, M.D.

EDWARD L. YOUNG, JR., M.D.

JOHN W. CUMMIN, M.D.

Consulting Orthopedic Surgeons

NATHANIEL ALLISON, M.D.

MARK H. ROGERS, M.D.

Consulting Genito-Urinary Surgeons

J. DELINGER BARNEY, M.D.

GEORGE G. SMITH, M.D.

MASSACHUSETTS EYE AND EAR INFIRMARY

Consulting Neurologists

JAMES B. AYER, M.D.

GEORGE CLYMER, M.D.

Consulting Dermatologists

CHARLES J. WHITE, M.D.

E. LAWRENCE OLIVER, M.D.

Consultant in Contagious Diseases

EDWIN H. PLACE, M.D.

Consulting Pathologist

J. HOMER WRIGHT, M.D.

TRACY B. MALLORY, M.D.

Refractionist

ALFRED C. TRULL, M.D.

HOUSE STAFF

Ophthalmic Internes

ROSCOE W. MYERS, M.D.

THEODORE L. TERRY, M.D.

WILLIAM E. FULTZ, M.D.

EDWARD J. BASSEN, M.D.

MICHAEL F. KENNEDY, M.D.

HERMAN D. SCARNEY, M.D.

Oto-Laryngological Internes

LINUS S. CAVE, M.D.

ARMAND L. CARON, M.D.

ARTHUR L. CREWSON, M.D.

EDWARD E. JONES, M.D.

ADOLPHE J. PROVOST, M.D.

ROBERT C. O'NEIL, M.D.

Children's Medical Internes

ORVILLE McCANDLESS, M.D.

WALTER M. BARTLETT, M.D.

EUGENE C. PECK, M.D.

EDWARD N. BRIDGE, M.D.

SUPERINTENDENT OF NURSES

SALLY JOHNSON, R.N.

CHIEF SOCIAL WORKER

AMY G. SMITH

REPORT OF THE BOARD OF MANAGERS

It is with deep regret that we have to record the death of our former President, Dr. Edward H. Bradford, who since 1918 has guided the work of the Infirmary with good judgment and un-failing interest. The Managers here give permanent expression to their sense of loss and to the deep affection which they and all others connected with the Infirmary felt for Dr. Bradford. It was he who primarily inspired an organized effort to raise funds for the Infirmary. This crystallized into action during the past year and in April, 1926, campaign headquarters were opened at 100 Milk Street. The total amount sought was \$1,500,000, and cash contributions, signed pledges and promises aggregated approximately \$1,250,000. We particularly wish to mention the following gifts to the Harvard Medical School, the income from which is to be expended for research in and teaching of ophthalmology at the Infirmary: from Dr. Lucien Howe of Buffalo, \$250,000; from the General Educational Board, \$175,000; and from the general funds of Harvard University, \$75,000.

The balance was received from public-spirited individuals, firms and corporations, and to all subscribers to this fund we here make most grateful acknowledgment. Although the full amount was not secured, a sufficient sum was obtained to provide for the imperative needs of the Infirmary, and the institution was brought to the attention of many who were not before aware of the remarkable work it performs among the poor in the cure and relief of diseases of the eye and ear. We hope that this wider knowledge of the service the Infirmary renders to the community will be productive of increased annual donations, which are greatly needed to enable the institution to operate at its maximum efficiency. These very generous gifts are warmly appreciated by all connected with the Infirmary. We hope for further gifts to promote the study of Otology and Laryngology.

To provide room for these laboratories and to accomplish the long desired close connection between the Infirmary and the Out-Patient Department of the Massachusetts General Hospital, con-

MASSACHUSETTS EYE AND EAR INFIRMARY

struction of a new building was begun October 1, 1926. By agreement with the Massachusetts General Hospital, that institution will erect this building, a large part of which, together with considerable space in the existing Out-Patient Department building of the Massachusetts General Hospital, we shall use. Another year should see this long step in advance taken.

Emphasis is directed to the following needs of the Infirmary:

Major needs

- (1) A large increase in endowment. This is needed that as our work expands, we may meet the increased cost without too great a burden upon our patients.
- (2) An additional building for housing nurses and employees.

Minor needs

- (1) Change in the heating system from indirect heating to direct heating.
- (2) Many re-arrangements of the interior of the main building made necessary by moving the Out-Patient Department and by the development of the institution in the twenty-six years that this structure has been used.

We record with sorrow, the death of Mr. John Lawrence, a member of the Board of Managers for many years. Mr. Lawrence was always an interested, generous friend of the Infirmary.

Dr. John H. Blodgett, a member of our Oto-Laryngological Staff, died during the year after a long illness. He was conscientious, faithful and able. His father, Dr. Albert N. Blodgett, was Superintendent of the Infirmary from 1873-1876. The Infirmary will eventually share with other institutions a considerable sum of money, the generous bequest of the older Dr. Blodgett.

During the year there was expended for the work of Social Service \$12,347.96, of which \$11,240.30 was salaries of workers, \$718.24 sundry expense, and small items of relief to the amount of \$389.42. These figures show the importance of this work to the institution. The money was received partly from the income of the Sears Fund, \$1,068.76, and the Brooks Fund, \$267.19. Any

REPORT OF THE BOARD OF MANAGERS

deficit, as usual, was made up from the general fund of the Infirmary.

The Managers are appreciative of the assistance given them during the year by the Ladies' Visiting Committee. They would express their appreciation of the work of the professional staff and the officers and employees.

CHARLES P. CURTIS,

ALBERT L. SCOTT,

LEVERETT SALTONSTALL,

Committee of the Managers.

EDWARD HICKLING BRADFORD, M.D.

BORN JUNE 9, 1848

DIED MAY 7, 1926

President of the Board of Managers from October 31, 1918,
to May 7, 1926.

JOHN LAWRENCE

BORN APRIL 27, 1861

DIED JUNE 23, 1926

Member of the Board of Managers from February 13, 1907,
to June 23, 1926.

REPORT OF THE TREASURER

STATEMENT OF INCOME—RECEIPTS AND DISBURSEMENTS

For the year ending December 31, 1926

HOSPITAL RECEIPTS—as per Director's Financial Statement

(page 21)\$287,472.45

LESS:

HOSPITAL OPERATING DISBURSEMENTS—

as per Director's Financial

Statement (page 21):

General\$339,674.91

Social Service 12,347.96 \$352,022.87

TREASURER'S DISBURSEMENTS:

Auditing and Bookkeeping\$ 1,250.91

Insurance 25.00

Miscellaneous 520.00 1,795.91

Total ordinary disbursements

353,818.78

EXCESS OF ORDINARY DISBURSEMENTS OVER HOSPITAL RECEIPTS \$ 66,346.33

DEDUCT:

OTHER INCOME RECEIPTS:

Total Income from Investment

Securities\$ 39,344.81

LESS:

Unexpended portion of in-
come from Aural Sur-
geons' Fund—added to
principal\$249.16

Income from Fund for
Maintenance of Gardner
Building—added to prin-
cipal 597.53

One-half income from
Weber Fund—added to
principal 106.87

Income from Theodore

Chase Fund—unexpended 133.60 1,087.16 \$ 38,257.65

*Contributions for General Pur-
poses

15,681.91

* Exclusive of contributions, received during the year 1926, to the One Hundredth Anniversary Campaign Fund, which have not yet been brought into account in the books of the Infirmary, but are held by the Treasurer of the Campaign Committee pending the closing of the Campaign. There were also contributions for various special purposes amounting to \$7,990.00 (including the sum of \$2,672.90 for Social Service), which have been added to principal.

REPORT OF THE TREASURER

Amount received from the Committee of the Permanent Charity Fund, Inc.	2,125.00
-----------------------------------------------------------------------------	----------

Miscellaneous Income:

From Estate of E. V. Ashton \$	3,544.76	
From Estate of R. B. Brigham	1,000.00	
From Estate of Charles G. Greene	200.15	
From Estate of A. N. Blodgett	896.16	
Insurance Refund	210.72	
Interest on Bank Deposits, etc.	565.80	6,417.59

Transfers from Special Purpose Funds	7,647.67	70,129.82
--------------------------------------------	----------	-----------

EXCESS OF INCOME RECEIPTS OVER ORDINARY DISBURSEMENTS FOR THE YEAR ENDING DECEMBER 31, 1926	\$ 3,783.49
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DEDUCT:

EXTRAORDINARY DISBURSEMENTS:

Sprinkler System	\$ 96.00	
Fire Alarm System	1,004.65	
Audiometer	1,945.00	
Laundry Refitting	20,971.79	24,017.44

DEFICIT—EXCESS OF TOTAL DISBURSEMENTS OVER INCOME RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 1926—CHARGED TO GENERAL FUND	\$ 20,233.95
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JAMES DEAN,
Treasurer.

PATTERSON, TEELE AND DENNIS,
Accountants and Auditors.

MASSACHUSETTS EYE AND EAR INFIRMARY

INVESTMENT SECURITIES

December 31, 1926

BONDS

\$4,000	American Agricultural Chemical Co. 1st Refunding 7½s 1941
10,000	American Smelting & Refining Co. 1st Series "A" 5s 1947
15,000	American Telephone & Telegraph Co. 5½s 1943
10,000	Appalachian Power Co. 1st 5s 1941
10,000	Boston & Albany Railroad Improvement 4s 1933
10,000	Boston & Maine Railroad 4 to 5 1942
15,000	Bush Terminal Bldg. 5s 1960
10,000	Butte Electric & Power Co. 1st 5s 1951
10,000	California Gas & Electric Corporation 5s 1937
15,000	Canadian National Railways 4½s 1954
25,000	Chicago Junction Railways & Union Stock Yards 4s 1940
10,000	Chesapeake & Ohio Railway General Mortgage 4½ 1992
10,000	Chicago City Railway 1st Mortgage 5s 1927
15,000	Chicago, Rock Island & Pacific 5% notes 1929
15,000	Detroit Edison Company 1st Mortgage 5s 1933
10,000	Georgia Railway & Electric Co. 5s 1949
10,000	International Paper Co. 6s 1955
10,000	Illinois Central Railroad 5½s 1934
10,000	Kansas City & Memphis Ry. & Bridge Co. 1st 5s 1929
8,000	Kingdom of Belgium 7½s 1945
25,000 } Guilders }	Kingdom of Netherlands Series "A" 6s 1972
10,000	Laurentide Power Co. 1st 5s 1946
10,000	Long Island Railroad Co. Unified Gold 4s 1949
7,000	Louisville & Jeffersonville Bridge Co. 4s 1945
15,000	Manchester Traction, Light & Power Co. 5s 1952
6,700	Massachusetts Hospital Life Insurance Co. Annuity
10,000	Memphis Power & Light Co. 5s 1948
10,000	Michigan Central Railroad Co. 3½s 1952
10,000	Mississippi River Power Co. 1st 5s 1951
15,000	Montreal, City of 5s 1943
10,000	New Brunswick, Province of 5s 1934
15,000	New England Telephone & Telegraph Co. 5s 1932
10,000	New Orleans Public Service, Inc. Series "A" 5s 1952
5,000	New Orleans Public Service, Inc. Series "B" 5s 1955

REPORT OF THE TREASURER

BONDS

\$15,000	New York Central & Hudson River R. R. 3½s 1998
15,000	Northern Pacific Railway Co. 3s 2047
10,000	Norway, Kingdom of 5½s 1965
10,000	Ohio Power Co. 1st & Refunding Series "C" 6s 1953
20,000	Oregon Short Line Railroad Refunding 4s 1929
10,000	Philadelphia Rapid Transit 5½s 1932
10,000	Public Service Corporation of N. J. 6s 1944
10,000	St. Johnsbury & Lake Champlain Railroad 1st 5s 1944
10,000	St. Paul Union Depot Co. 1st & Refunding 5s 1972
3,000	Savannah Electric Co. 1st Consolidated 5s 1952
10,000	Seattle Electric Co. 1st 5s 1930
10,000	Shawinigan Water & Power Co. 5½s 1950
10,000	Southern Bell Tel. & Tel. Co. 1st Sinking Fund 5s 1941
10,000	Southern California Edison Co. General 5s 1939
10,000	Southern Pacific Co. 4s 1929
5,000	Standard Oil Co. of New Jersey 5s 1946
10,000	Standard Oil Co. of New York 4½s 1951
9,000	Steel & Tube Co. of America Series "B" 6s 1944
5,000	Swift & Co. 1st 5s 1944
10,000	Tacoma Railway & Power Co. 1st 5s 1929
10,000	Toronto, City of 5s 1938
5,000	United Electric Securities Collateral Trust 5s 1942
24,000	U. S. Steel Corporation Sinking Fund 5s 1963
10,000	Wisconsin Electric Power Co. 1st 5s 1954

STOCKS

250 shs.	American Telephone & Telegraph Co.
100 shs.	Atchinson, Topeka & Santa Fe Ry., Common
250 shs.	Ballardvale Mills Co., Preferred
50 shs.	Boston Elevated Railway Co., 2nd Preferred
10 shs.	Boston Real Estate Trust
100 shs.	Chicago Junction Railways & Union Stock Yards, Preferred
25 shs.	Dwelling House Associates
100 shs.	Electric Bond & Share Co., Preferred
100 shs.	Illinois Central Railroad, Common
100 shs.	New York Central Railroad
20 shs.	Oliver Building Trust
6 shs.	Standard Oil Co. of New Jersey, Preferred

SECURITIES HELD FOR THE WEBER FUND

Bonds

\$ 1,500	U. S. Liberty Loan 4th 4¼s 1938
5,000	Commonwealth of Massachusetts Registered 3s 1928

MASSACHUSETTS EYE AND EAR INFIRMARY

The Managers gratefully acknowledge receipt of the following unrestricted legacy during 1926 which was added to Principal:

ESTATE OF LULU S. KIMBALL \$3,000.00

RESTRICTED FUNDS

December 31, 1926

1850	Bequest under will of John Bromfield	\$10,000.00
1871	Bequest under will of Nabby Joy	10,000.00
1876	Bequest under will of Susan T. Gray	1,000.00
1882	Berkshire Fund	5,000.00
1882	Nathaniel Thayer Fund	54,570.00
1887	Bequest under will of Richard Perkins	10,000.00
1889	Bequest under will of Elisha T. Loring	3,500.00
1892	Bequest under will of J. Huntington Wolcott	1,500.00
1895	Bequest under will of Samuel E. Sawyer	2,382.20
1896-7	Ann White Vose Fund	18,591.54
1898	Bequest under will of Henry L. Pierce	20,000.00
1898	John W. and Belinda L. Randall Fund	30,000.00
1898	Weber Fund	7,148.06
1899	Theodore Chase Memorial Fund	2,500.00
1901	Aural Surgeons' Fund	13,985.76
1901	Bequest under will of Henry Saltonstall	10,000.00
1907	Adelaid Lecompte Spalding Fund	25,000.00
1909	Bequest under will of Frederick R. Sears	20,000.00
1912	Julia M. Moseley Fund	6,190.47
1912	The Fund for Maintenance of Gardner Building	11,779.25
1912	Social Service Fund	5,000.00
1914-15	Bequest under will of William S. Hills	10,000.00
1915	Bequest under will of Harriett Otis Cruft	10,000.00
1921	Bequest under will of Clara B. Kimball	1,050.00
1921	Bequest under will of Charles Frederick Smith	8,663.00
1923	Charles B. R. Hazeltine Fund	10,000.00
1923	Harriet S. Hazeltine Fund	3,000.00
1923	Bequest under will of William F. Watson	6,000.00
1924	Bequests under will of Joseph B. Glover	28,650.00
1924	Bequest under will of Anna P. Rogers	10,000.00

REPORT OF THE LADIES' VISITING COMMITTEE

The Ladies' Visiting Committee now totals thirty-three members, since our last report: our beloved member, Mrs. Bartlett Harwood, died in August, 1926. Her lovely personality and perfect sympathy at all times will never be forgotten.

Five of our members have resigned, but eleven have been added. And we trust the committee is still growing in activities as well as in numbers, for we hope to be more than a list of Patronesses and to be allowed to take a real part in the work of the Infirmary, to lend our sympathy and our support.

As usual, the Committee met once a month at the Infirmary and as always the ladies visited the wards each month in turn.

The afternoon teas given for the nurses at the Nurses' Home, begun a year ago, have proved a success and are still being given once a month during the winter. Several parties were held for the children in the nursery. Our only regret is that there are not more ways by which we can keep in closer touch with the patients and with the staff.

During the last year the Ladies' Committee has supported two full-time Social Service workers, and one full-time Occupational Therapy worker. Also one kindergarten teacher in the nursery for the four summer months.

The Occupational Therapy work has now been established at the Infirmary for thirteen months and we hope it has proved its value. Miss Helen Wade, who is a graduate of the Boston School of Occupational Therapy is in direct charge. Four Junior League girls helped her last year. This year two Junior League girls are still helping and we are also very fortunate in having two part-time volunteer workers who are graduates of the Occupational Therapy School.

In the past year Miss Wade has given Occupational Therapy to 268 patients in the wards, all by doctors' prescription. This work has given the patients diversion and pleasure and thus helped them to get well more quickly. One need only to go into the wards to see and feel the atmosphere of diversion and

MASSACHUSETTS EYE AND EAR INFIRMARY

interest that Miss Wade has created among both the eye and ear patients.

Finally it should be added that the majority of our Committee assisted directly in the last Autumn's Campaign on the Hundredth Anniversary of the Infirmary.

MRS. RICHARD CARY CURTIS,
Chairman.

DIRECTORS' FINANCIAL STATEMENT

JANUARY 1, 1926, TO JANUARY 1, 1927

REPORT OF THE DIRECTOR

OPERATING EXPENSES		1926	1925
SALARIES AND WAGES			
Officers and Clerks	\$	21,030.02	\$ 20,557.59
Telephone Operators		2,728.02	2,668.64
Out-Patient Department Clerks..		8,159.73	8,910.08
Social Service Department		11,240.30	11,525.73
Druggists		3,585.68	3,642.82
Opticians		5,641.08	5,728.15
Refractionists		2,117.30	812.39
Superintendent of Nurses and Assistants		2,700.00	2,426.65
Head Nurses and Assistants		37,244.52	37,821.23
Post-Graduate Nurses		970.89	1,233.20
Pupil Nurses		247.32	269.07
Attendant Nurses		9,728.87	8,968.15
Orderlies		10,884.57	10,646.19
Ward Maids		3,596.37	2,821.16
X-Ray Department		4,931.84	4,394.86
Pathological Laboratory		2,762.04	3,178.31
Store		1,586.08	1,800.00
Housekeeping and Kitchen		29,667.30	28,576.33
Laundry		7,037.95	7,150.70
Maintenance, Property and Plant		11,246.46	11,817.79
Medical and Surgical Staff		5,487.45	6,126.95
Occupational Therapist		1,538.32	187.49
Special Nurses	\$	184,132.11	\$181,263.48
TOTAL		26,354.10	25,425.00
HOSPITAL RECEIPTS		1926	1925
Board of Ward Patients	\$	66,243.24	\$ 71,942.82
Operating Room Fees		6,583.00	6,478.00
X-Rays		10,380.55	12,003.20
Wassermann Tests		221.00	366.50
Refractions		7,761.20	8,487.45
Optical		46,521.51	51,820.99
Apothecary		13,959.02	14,462.67
Admission Fees, Out-Patient Department		26,934.96	28,926.23
Throat Patients' Board, Operating Room		8,485.00	9,384.10
Telephone, Interest, Stamps		564.44	517.68
Grease, Bones, Boxes, Barrels and Junk		86.45	102.11
Records and Certificates		552.25	780.23
Miscellaneous		1,274.72	1,570.25
Board, Private Patients		53,147.00	50,451.50
Operating Room Fees, Private Patients		17,404.00	17,537.00
X-Rays, Private Patients		1,737.00	1,176.00
Wassermann Tests, Private Patients		66.00	103.00
Miscellaneous, Private Patients		50.11	68.50
Special Nurses—Ward	\$	261,971.45	\$276,178.23
Special Nurses—Private		3,474.00	7,222.63
TOTAL		22,027.00	16,804.00
TOTAL		\$287,472.45	\$300,204.86

MASSACHUSETTS EYE AND EAR INFIRMARY

DIRECTORS' FINANCIAL STATEMENT (Continued)

OPERATING EXPENSES		SUMMARY, 12 MONTHS	
		1926	1925
SUPPLIES			
General Administration	\$ 9,800.15	\$ 9,640.61	\$ 9,640.61
Apparatus and Instruments	2,477.99	3,574.20	3,574.20
Medical and Surgical	17,101.73	17,846.41	17,846.41
Wassermann Tests	341.00	482.00	482.00
X-Rays	3,688.25	4,338.80	4,338.80
Optical	10,674.47	13,405.49	13,405.49
Housekeeping and Kitchen	9,153.95	11,609.61	11,609.61
Laundry	1,170.22	660.88	660.88
Meat, Poultry and Fish	14,794.84	13,627.61	13,627.61
Fruit and Vegetables	5,982.63	5,883.83	5,883.83
Bread and Flour	2,370.47	2,477.87	2,477.87
Milk and Cream	10,304.24	10,179.55	10,179.55
Groceries	10,355.66	10,084.07	10,084.07
Butter and Eggs	9,164.80	9,214.93	9,214.93
Gas	1,774.51	1,836.68	1,836.68
Electric Lighting, Nurses Home	944.52	973.58	973.58
Heat, Light and Power, Hospital			
Buildings	13,112.40	13,172.09	13,172.09
Fuel, Nurses Home	1,793.24	1,890.85	1,890.85
Water, Hospital Buildings	2,586.67	2,135.76	2,135.76
Water, Nurses Home	840.84	884.18	884.18
Maintenance, Property and Plant	5,881.01	5,680.66	5,680.66
Refunds	2,731.29	2,856.81	2,856.81
Miscellaneous	4,491.78	2,603.60	2,603.60
TOTAL	\$141,536.66	\$145,060.07	\$145,060.07

SUMMARY, 12 MONTHS		SUMMARY, 12 MONTHS	
		1926	1925
Salaries and Wages	\$210,486.21	\$210,486.21	\$206,688.48
Supplies	141,536.66	141,536.66	145,060.07
Total Maintenance Expenses	\$352,022.87	\$352,022.87	\$351,748.55
Extraordinary Expenses	24,017.44	24,017.44	9,978.55
Total Hospital Expenses	\$376,040.31	\$376,040.31	\$361,727.10
Total Hospital Receipts	287,472.45	287,472.45	\$300,204.86
Excess of Expenses over Receipts..	\$ 88,567.86	\$ 88,567.86	\$ 61,522.24

REPORT OF THE DIRECTOR

TO THE MANAGERS:

Gentlemen: I have the honor to submit my twelfth annual report. The following events of the year 1926 are notable:

The loss by death of our President, Dr. Edward H. Bradford. He worked enthusiastically for the development of the Infirmary, inspiring others with his own earnest devotion.

The death of Mr. John Lawrence, a Manager for many years, a generous supporter of the Infirmary.

Dr. John H. Blodgett's death saddened the hospital. He was a faithful member of the Oto-Laryngological Staff.

The connecting building between the Infirmary and the Out-Patient Department of the Massachusetts General Hospital was begun by the latter institution in the autumn. This is an event of great importance to the Infirmary. Our Out-Patient Departments are to be in the new building and the Out-Patients of the two hospitals will be cared for by one administrative unit. These patients should greatly benefit because of the better opportunities for consultation and freedom of exchange between departments.

Space will thus be cleared in the Infirmary building for several important purposes. Among these will be the Howe Ophthalmological Laboratory to be supported by the munificent gift of Dr. Lucien Howe to the Harvard Medical School, greater space and more favorable location for administrative offices and X-Ray Department, the addition of a number of small rooms for patients, badly needed for those who are very ill.

The renovation of the laundry with new machinery and a terrazzo floor.

A building to house employees is much needed.

The administration of the hospital has suffered the loss during the year of the services of Miss Sophia B. Eastman, Assistant to the Director. Miss Eastman was married in June to Dr. Arlie V. Bock. She was faithful, loyal and able in her work. She continues her connection with the hospital as a member of the Ladies' Visiting Committee. Miss Mildred E. Brown succeeds

MASSACHUSETTS EYE AND EAR INFIRMARY

Miss Eastman as Assistant to the Director.

Attention is invited to appended reports and tables of statistics.

The Director wishes to again express his appreciation of the support given him by your Board and to acknowledge the helpful cooperation of the professional staff. Officers, nurses and employees have performed their duties satisfactorily.

F. A. WASHBURN, M.D.,

Director.

REPORT OF THE DIRECTOR

STATISTICS

JANUARY 1, 1926, TO JANUARY 1, 1927

HOUSE PATIENTS

Number of patients treated in ophthalmic wards	1,820
Number of patients treated in aural wards	530
Number of patients treated in nose and throat wards	2,870
Number of patients treated in private wards:	
Ophthalmic	572
Aural	97
Nose and Throat	1,341
	<hr/>
	2,010
	<hr/>
	7,203
Average number of patients treated daily in the public wards	114+
Average number of patients treated daily in the private wards	29+
Average number of days patients remained in the hospital	7+
*Number of days board furnished free	19,803
*Number of days board paid at full rate in public wards	22,081
Number of days board paid in private wards	10,641
	<hr/>
	52,525
Cost per patient per week, including special nurses, public and private wards	\$ 42.35
Cost per patient per day, including special nurses, public and private wards	6.05+
Per capita receipts, including special nurses—Public Ward	2.19—
Per capita receipts, not including special nurses—Public Ward	2.10+
Per capita receipts, including special nurses—Private Ward...	8.87+
Per capita receipts, not including special nurses—Private Ward	6.80+
Per capita receipts, board only—Public Ward	1.58+
Per capita receipts, board only—Private Ward	4.99+
Per capita receipts on special fees—Private Ward (excluding board and special nurses)	1.80+
Per capita cost of food—all persons .....	.49+

* These figures are obtained by taking the amount of money received for board of patients in public wards and dividing that figure by the full rate of board prevalent at that time. This gives the number of paying patients, reckoned as though they were paying full rates. By subtracting this figure from the total of patients' days we get the number of free days.

MASSACHUSETTS EYE AND EAR INFIRMARY

Number admitted free	397
Number admitted at less than \$10.50 per week	756
Number admitted at \$10.50 per week	378
Number admitted at \$14.00 per week	175
Number admitted at \$21.00 per week	3,477
Number admitted at \$36.19 per week	6
Number admitted at \$40.00 per week	4
	<hr/>
	5,193

PRIVATE PATIENTS

Number admitted at \$28.00 per week	1,306
Number admitted at \$35.00 per week	50
Number admitted at \$49.00 per week	633
Number admitted at \$56.00 per week	21
	<hr/>
	2,010

CONDITION OF PUBLIC WARD PATIENTS ON DISCHARGE

Untreated	2
Against advice	29
Died	40
Remaining in hospital on December 31, 1926	86
Otherwise discharged	5,129
	<hr/>
	5,286
Patients in the hospital on January 1, 1926	93

OUT-PATIENT DEPARTMENT

New patients treated:

Ophthalmic	14,109
Aural	8,098

Total	22,207
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Additional patients' visits:

Ophthalmic	27,797
Aural	16,694

Total	44,491
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Total visits in Out-Patient Department	66,698
Daily average	220+
Patients treated in Emergency Ward	2,611

REPORT OF THE DIRECTOR

INVENTORIES

	Jan. 1, 1927	Jan. 1, 1926
Store-Room Inventory :		
General Administration	\$1,720.87	\$ 1,975.16
Housekeeping and Kitchen	2,217.24	5,821.12
Canned Supplies, Groceries, etc.	2,313.77	2,424.83
Medical and Surgical	219.92	295.85
X-Ray Department	20.85	313.68
Maintenance Supplies	123.83	250.78
	<hr/>	<hr/>
	\$6,616.48	\$11,081.42
Apothecary Inventory	\$4,974.81	\$ 4,327.86
Optical Department Inventory	\$5,654.92	\$ 5,536.45

REPORT OF THE WORK OF THE GARDNER BUILDING

JANUARY 1, 1926 TO JANUARY 1, 1927

During the past year 280 patients were treated in the Gardner Building. Of these, 25 were treated for gonorrheal ophthalmia neonatorum and 57 for non-gonorrheal ophthalmia neonatorum. At the time of entrance the cornea was involved in one case of gonorrheal ophthalmia neonatorum and was not clear on discharge. In no case of non-gonorrheal ophthalmia was the cornea involved at the time of entrance.

There were 10 patients treated for gonorrheal suppurative conjunctivitis and 19 for non-gonorrheal suppurative conjunctivitis. At the time of entrance the cornea was involved in four cases of gonorrheal suppurative conjunctivitis, one of these being clear on discharge. At the time of entrance the cornea was involved in three cases of non-gonorrheal suppurative conjunctivitis, none of these being clear on discharge. The cornea became involved in two cases of gonorrheal conjunctivitis after admission.

There were also 21 patients treated for trachoma.

Twenty-five patients were transferred to Gardner Building for erysipelas and other infectious diseases which manifested themselves in the general wards of the hospital. Of the remaining 123, 115 were admitted for specific and infectious diseases and eight with a question of infectious diseases.

REPORT OF THE NURSING DEPARTMENT

JANUARY 1, 1926 TO JANUARY 1, 1927

This brief report is of the nursing department of the Massachusetts Eye and Ear Infirmary, rather than of the school of nursing, because the pupil nurses form a small part of the nursing personnel. Today educators in nursing are saying that the student nurses should be supplementary to the graduate staff, and that attendants and ward helpers should relieve the nurses of non-educational routine. The Infirmary school is organized on this plan. The students here receive the maximum of good classroom instruction and well supervised experience. Barring the disadvantage of frequent changes, because of the short course, the institution receives the maximum of service from these students.

If the school of a general hospital graduated seventy-eight nurses in a year, the hospital would feel that it had done a creditable piece of work. This institution has this year granted certificates to seventy-eight student nurses. These students are prepared to render a very special service to patients who are in dire need, and for whom the majority of nurses are unprepared to care. The Infirmary should never lose sight of this service which it renders through its school. Of these students, fifty-eight were from affiliating schools, and twenty were post-graduate students.

The Stephen Gale Hospital of Haverhill was the only new school affiliating this year. The other schools sending students are the Massachusetts General Hospital, Melrose Hospital, Peter Bent Brigham Hospital, Children's Hospital, and the Chelsea Memorial Hospital.

The nursing personnel of the Infirmary including the administration staff, wards, private floor, dispensary and refraction room is composed of forty graduate nurses, and from eight to fifteen student nurses. This group is supplemented by thirteen orderlies and nineteen attendants. In a special hospital, more than

MASSACHUSETTS EYE AND EAR INFIRMARY

anywhere else, the efficiency of the nursing is influenced by the stability of the graduate staff. Seven of the graduate nurses are in their fourth year. There are also several loyal and efficient orderlies and attendants who have rendered a valuable service to the Infirmary.

During the year just closed, attendants were assigned to both the second and third floors, between the hours of 4 p.m. and 12.30 a.m. These are busy hours, when the nursing staff is usually depleted, so this assignment has provided the patients with much better care.

We regret that Dr. Maud Carvill, who has lectured to the nurses in Ophthalmology for three years, found it necessary to resign. Dr. Carvill has been generous with her time and was an excellent teacher. We have secured Dr. Benjamin Sachs to succeed Dr. Carvill. He, too, is an excellent teacher.

The Infirmary rejoices in the possession of an interested and effective Ladies' Visiting Committee. Time and space forbid listing their contributions. Suffice it to say that, by providing entertainment for the patients, and by providing no small amount of supplementary equipment for the wards, this committee lightens the work of the nurses and, at the same time, encourages them. The teas which these women give every month in the home is only one of many things which they do in the Infirmary each month and every month of the year. We hope that they know how much their work means to all of us.

It is a great satisfaction to record this year, as last year, that Helen Potter, Ann Sarcka and Abby-Helen Denison are still in the Training School Office rendering that form of service which gives sound administration and produces constant growth.

Respectfully submitted,

SALLY M. JOHNSON, R.N.,

Superintendent of Nurses.

REPORT OF THE MEDICAL-SOCIAL SERVICE DEPARTMENT

During the year of 1926 there have been some changes in the Department of Social Service. In May, Miss Helen S. Macdonald, who had been for some time a worker with ward patients, left to take another position, and in September, Miss Ethel S. Sharpley, who worked with the Boston cases of Phlyctenular Keratitis, under joint supervision of the Boston Tuberculosis Association and the Infirmary, resigned. These two vacancies were filled and a half-time refer worker for the ear service was added to the staff.

In the appointment of a new worker by the Tuberculosis Association some marked changes were proposed in her work. For some time it had seemed advisable to enlarge the scope of the Phlyctenular Keratitis work in this position. It was felt by those in close touch with the problem that here might be an opportunity for supervising all the cases of Phlyctenular Keratitis in children being treated at the various eye clinics in Boston, especially as none of these clinics, outside of the Infirmary, are equipped with Social workers to follow this type of case. Thus, on October first, when a new worker came to this position she became a worker at large with other institutions than the Infirmary, aiming to cover, eventually, the whole tuberculosis eye condition in the children of Boston. The intensive medical and social care which has been given children coming to the Infirmary, aided by the Children's Clinic at the Massachusetts General Hospital, has seemed already to lessen materially the number of recurrent attacks which were so prevalent during the first years when this work started. What experience has shown to be essential in treating these cases will give the worker a foundation for action in this broader field.

A newer group of patients to receive increased attention in the Department this year are those suffering from glaucoma. Although this, up to the present time, has been largely in the nature of the most intensive follow-up, social problems are apparent in

MASSACHUSETTS EYE AND EAR INFIRMARY

these people's lives. For the most part they are of the middle and older aged groups, coming to the Infirmary when the disease is advanced. Many of them have not much to look forward to other than alleviation of their suffering. Fearful that entire loss of vision awaits them, although not always conscious of this fact, it takes persuasion to encourage these patients to return for continued treatment and medicine necessary for their comfort.

The remaining groups of work, Interstitial Keratitis, Ophthalmia Neonatorum, Trachoma, out of town Phlyctenular Keratitis, the miscellaneous cases and work with ward patients have continued to be handled in much the same manner as in former years.

In reviewing the year's statistics, it has been instructive to see in what measure the Department has cooperated with various outside agencies. Granted that it is not always possible for our workers to accomplish their tasks alone, and that many social problems demand more than our resources will yield, it is of necessity we turn to those agencies in the community which are doing other types of highly specialized work. Also these agencies refer patients to the Social Service Department for special assistance in clinics and interpretation of the doctor's orders.

This year the combined refers to outside agencies and from them have been approximately 33 per cent of the number of patients carried in Social Service. The number of patients referred into the Department was a little more than those referred out.

Three volunteers have assisted in the Department's Out-Patient work and ten volunteers have visited the wards to read, write letters and talk with patients.

Generous donations of magazines, books, flowers, fruit and even clothing have come from various friends of the Infirmary to the Department for the patients' use.

Again the grant of money from the Permanent Charity Fund

REPORT OF MEDICAL-SOCIAL SERVICE DEPARTMENT

Incorporated, has been invaluable in helping us to meet our small relief problems: glasses, convalescent care, transportation and miscellaneous small services to the patients.

The Christmas party this year called out a larger number of children with their mothers than usual. For entertainment a group of Lithuanian children from the Elizabeth Peabody House gave a Christmas play which was a delight to the grown-ups as well as the children. Our old friends, the Quincy High School Orchestra, were with us again, adding much spirit to the occasion with their stirring music.

The following table will give some idea of this year's work:

Brought forward from previous year	532
New and recurrent recorded cases	631
Steering cases	1,387
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Total number of patients for whom some Social Service was rendered	2,550
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Follow-up cases brought forward from previous year	2,842
New follow-up cases	792
Patients personally steered to Massachusetts General Hospital	2,546
Patients referred to the Division for the Blind	381
Patients deaf and hard of hearing referred for education and special study	66
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Visits to homes of patients	1,469
Visits to agencies in behalf of patients	275
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Total number of visits	1,744

Respectfully submitted,

AMY G. SMITH,

Chief Medical-Social Worker.

REPORT OF PATHOLOGICAL LABORATORY

During the past year an unusually large amount of pathological material has been examined and specimens of many unusual cases have been preserved for research and teaching purposes. At present the laboratory is not sufficiently well manned for this material to be utilized to the fullest extent but it is hoped that in the near future more investigators will be attracted to this field. Funds have not been available to provide more than one technician, so that even the routine work has been carried on with difficulty.

Among the unusual cases were four cases of Parinaud's Conjunctivitis, two cases of retinitis with massive exudation, two cases of epithelium in the anterior chamber after cataract extraction, two cases of tuberculosis of the iris, one case of tuberculosis of the conjunctiva, one case of tuberculosis of the retina, one case of sarcoma of the iris, one case of angioma of the choroid, fifteen cases of sarcoma of the choroid.

Dr. Finck has continued his study of inflammatory conditions of the nose and accessory sinuses and has made a preliminary report of his work. Dr. Dunphy has reported two cases of Parinaud's Conjunctivitis. Dr. Waite has investigated a rare tumor of the retina. Dr. Verhoeff has investigated various special pathological conditions and has continued his study of glaucoma. He has also continued to cooperate in the examinations of ophthalmic specimens submitted by the Army Medical Museum in Washington.

FREDERICK H. VERHOEFF, M.D.,

Pathologist and Ophthalmic Chief of Research.

REPORT OF THE OPHTHALMIC SERVICE

The ophthalmic service continues to survive and function in spite of the cramped quarters which it occupies. It is living for the day when the out-patient department will move into the more commodious quarters which are now under construction.

A monthly meeting of the ophthalmic staff has been instituted at which matters concerning the welfare of the service come up, unusual cases are shown, and the interesting pathological material of the preceding month is demonstrated on the projection apparatus by the pathologist. The great value of this exercise has already been demonstrated. The Wednesday morning joint conference with the neurological service of the Massachusetts General Hospital has continued during the teaching year, and is well attended. A large number of very interesting cases have been shown and followed up from week to week. We believe that this type of conference is unique, and worthy of being instituted elsewhere.

Last year for the first time a well-rounded advanced course in ophthalmology of either one or two months' duration was offered to students of the Harvard Medical School. It was elected by six students. A similar course is being given this year.

The greatest weakness in the teaching of ophthalmology in this country today is the difficulty in getting adequate instruction in physiologic optics. We hope that the Howe Foundation will provide opportunities along this line when it begins to function next autumn.

The Infirmary badly needs an artist to portray the many unusual cases and pathological specimens which come into our hands. Much material which is of great scientific value cannot now be used.

Almost no bacteriological work is being done at the Infirmary. We should have at least a half-time worker in this line. Funds are badly needed for one or more technicians to assist in the laboratory and in carrying out investigations. A part-time librarian should also be provided for.

MASSACHUSETTS EYE AND EAR INFIRMARY

The resignation of Miss Sophia Eastman is a great loss to the Hospital. The Staff wishes to express its gratitude to her for her efficient service and wishes her happiness in her new career.

The Staff also wishes to congratulate Miss Smith for the efficiency shown by the Social Service Department.

GEORGE S. DERBY, M.D.,

Ophthalmic Chief of Service.

REPORT OF THE AURAL DEPARTMENT

The system of dividing the Aural service among three chiefs has now been in existence one year. The results appear to have been excellent. This, combined with a shorter term of service for the greater number of our professional staff, has permitted a closer application while on duty. The routine work of the Infirmary has thus been simplified and it has been possible for staff members to continue research along chosen lines. The study of hearing tests as observed with the Audiometer, and the relation of endocrine dysfunction as a cause of oto-sclerosis are worthy of special mention. These have been carried on by Dr. Dana W. Drury.

It is especially gratifying to the chiefs that the work at the Infirmary has attracted favorable attention over a widespread portion of the country, as is attested by the number and ability of the men who desire to serve as internes. Second only in importance to caring for the sick is the proper training of physicians in these specialties, and we feel that the Infirmary is ably filling this need.

It is with deepest regret that we record the death of Dr. John H. Blodgett. Connected with the hospital for many years, he gave unsparingly of his time and skill. His passing leaves a distinct sense of loss, experienced alike by his professional associates and patients.

PHILIP HAMMOND, M.D.,

D. HAROLD WALKER, M.D.,

HARRIS P. MOSHER, M.D.,

Aural Chiefs of Service.

REPORT OF THE LARYNGOLOGICAL DEPARTMENT

There have been two major advances in the Laryngological Department during the past year. The first is the beginning of what eventually will be a bronchoscopic service. The second is an increase in equipment due to a gift contributed for this purpose in connection with the Infirmary Drive. Four or five members of the staff now constitute a group, and one morning a week—Thursday—is set aside for bronchoscopic examinations. This group has cooperated actively during the past six months with the Thoracic Service of the main hospital and with the General Medical Service. Thoracic cases referred by these services requiring lipiodol injections for purposes of diagnosis are being examined in increasing numbers. Systematic treatment by bronchoscopic methods where indicated has been instituted. All these referred cases are examined in collaboration with the X-ray Department of the Infirmary. As occasion demands a bronchoscopic outfit is set up in one of the x-ray rooms so that a plate of the injected lung can be taken on the examining table. The preparation of the examining table, of the patient, and the examination itself are matters involving much detail. The nursing staff deserves full praise for their enthusiastic cooperation at these examinations, and for their cheerful willingness to have their usual morning's routine upset.

The second advance made during the year, namely, the increase in equipment, consisted in the purchase of a prone fluoroscope, a modern bronchoscopic table, and a diathermy apparatus. The prone fluoroscope has already figured in four dramatic cases of removal of foreign bodies from the bronchi.

It is a source of gratification to the administration that the younger members of the Oto-Laryngological staff are preparing more papers for presentation before their special medical societies. A number of such papers were read last year and their high quality was a matter of general comment. The Chief of Service

REPORT OF LARYNGOLOGICAL DEPARTMENT

came home from the meetings where he heard these comments very proud of the staff, and with a more restful sense of confidence about the future.

The fluoroscopic and x-ray study of esophageal cases has been continued actively by Dr. Mosher and Dr. Macmillan. At least one new point has been demonstrated. An instrument for determining twists of the lower end of the esophagus has been perfected and put into use. Owing to the great amount of time consumed by the esophageal examinations it is suggested that as a help to Dr. Macmillan the X-Ray House Officer at the General Hospital be assigned to the Infirmary for a definite period as a part of his regular training.

The staff are getting more confidence in the treatment of cancer of the larynx by laryngectomy. Ever since the staff have considered it justifiable to revive the operation at the Infirmary the results have been favorable surgically. The operators, however, have steadily and greatly improved their technique.

Plastic surgery of the face and neck has continued in good volume under Dr. Kazanjian. Dr. Ernlund, a recently graduated House Officer of the Infirmary, has become a member of the staff as Clinical Assistant. His dental training before he took up the speciality of Oto-Laryngology, and his artistic ability fit him especially well to become an assistant to Dr. Kazanjian. He used his ability to draw most willingly for the benefit of the hospital and the staff during his term as House Officer, and left at the Infirmary a fine set of water color drawings made to supplement the case records of various patients.

A number of the members of the staff have said that the weekly clinical meetings are the best activity of the department.

Respectfully submitted,

HARRIS P. MOSHER, M.D.,

Laryngological Chief of Service.

REPORT OF X-RAY DEPARTMENT

The year 1926 has seen a slight decrease in the number of patients referred to the X-Ray Department for examination mainly due to the fact that the age limit for children referred for thymus study was lowered from fourteen years to ten years. There have never been any fatal cases from thymus in this hospital in children over seven years.

The addition of a horizontal fluoroscopic unit to the department was made possible through the generosity of Mrs. H. P. Mosher and its value cannot be overestimated in its aid in the removal of radio opaque foreign bodies from the bronchi of children and adults.

There has been an increase in the use of the radio opaque Lipiodol for lung mapping, outlining brain and other abscess cavities.

JANUARY 1, 1926 TO JANUARY 1, 1927

Sinuses	2,214
Mastoids	1,051
Thymus	1,797
Treatments	612
Chest	209
Esophagus-Fluoroscopy	203
Teeth	253
Foreign body (eye)	199
Jaws	51
Skull	41
Nose	60
Miscellaneous	50
Sella turcica	8
Lipiodol inj. (bronchus)	66
Cervical spine	22
Optic canals	8
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Total examinations	6,844
Total patients	6,458

A. S. MACMILLAN, M.D.,

Roentgenologist.

SCIENTIFIC PAPERS PUBLISHED OR READ BY THE SURGICAL STAFF

JANUARY 1, 1926 TO JANUARY 1, 1927

- "Further Studies on the Light Sense in Early Glaucoma." By Dr. George S. Derby, Dr. J. Herbert Waite, and Mr. E. B. Kirk. *Archives of Ophthalmology*, Vol. lv., No. 6, 1926.
- Discussion of paper of Irons and Brown entitled "Recurrence of Iritis." By Dr. George S. Derby. Transactions, Section on Ophthalmology, *A. M. A.*, 1926.
- "Can the Loss of Vision Due to Glaucoma Be Checked?" By Dr. George S. Derby. Read before Ophthalmic Section of Baltimore Medical Society on December 2, 1926.
- Chapter on "Ophthalmology." By Dr. George S. Derby in "The Specialties in General Practice," compiled by Dr. Francis W. Palfrey, W. B. Saunders Co., 1927.
- "A Case of Double Twist without Stricture of the Terminal Portion of the Esophagus." By Dr. Harris P. Mosher. *Annals of Oto-Laryngology*, December, 1926.
- "The Organization of a Department of Oto-Laryngology in a General Hospital." By Dr. Harris P. Mosher. *Bulletin of the American College of Surgeons*. (In press.)
- "An X-Ray Study of the Movements of the Tongue, the Epiglottis and the Hyoid Bone in Swallowing. Followed by a Discussion of Difficulty in Swallowing Caused by Retropharyngeal Diverticulum, Post Cricoid Webs and Exostoses of the Cervical Vertebrae." By Dr. Harris P. Mosher. *Southern Medical Society Journal*. (In press.)
- "Basophilic Staining of Bruck's Membrane." By Dr. Frederick H. Verhoeff, and Dr. R. J. Sisson. *Archives of Ophthalmology*, Vol. 2, 1926.
- "A Case of Metastatic Intraocular Mycosis." By Dr. Frederick H. Verhoeff. *Archives of Ophthalmology*, Vol. 3, 1926.
- "Cyclophoria." By Dr. Frederick H. Verhoeff. *American Journal of Physiological Optics*, Vol. 7, No. 2, April, 1926.
- "Some Improvements in Histological Technique." By Dr. Frederick H. Verhoeff. Contributions to Ophthalmic Science. Dedicated to Dr. Edward Jackson, March 30, 1926.
- "An Effective Treatment for Sympathetic Uveitis." By Dr. Frederic H. Verhoeff. *American Ophthalmological Transactions*, 1926.
- "A Skin Periosteal Flap of the Radical Mastoid." By Dr. D. Campbell Smyth. *Annals of Otology, Rhinology and Laryngology*. June, 1926.
- "Foreign Body (Carpet Tack) in Right Middle Lobe Bronchus." By Dr. D. Campbell Smyth. *Boston Medical and Surgical Journal*, February 18, 1926.

MASSACHUSETTS EYE AND EAR INFIRMARY

- "Treatment of Lateral Pharyngeal Bands for Deafness by X-Ray. Report of One Hundred Cases." By Dr. D. Campbell Smyth. *Annals of Otology, Rhinology, and Laryngology*. December, 1926.
- "The Influence of Negative Pressure in the Sphenoid on the Optic Nerve." By Dr. Leon E. White. Read at Montreal before the American Laryngological Association, June, 1926. Transactions of the American Laryngological Association, 1926.
- "A Plea for Conservatism in the Treatment of Optic Disturbances from Focal Infection." By Dr. Leon E. White. Read at Philadelphia before Philadelphia Laryngological Society, November 2, 1926. *The Laryngoscope*. (In press.)
- "Ophthalmoplegia Internuclearis." By Dr. Edwin B. Dunphy. *Archives of Ophthalmology*, January, 1926.
- "Nystagmus." By Dr. Edwin B. Dunphy. *Boston Medical and Surgical Journal*, March 25, 1926.
- "Leptotrichosis Conjunctivae." By Dr. Edwin B. Dunphy. *American Journal of Ophthalmoplegia*, September, 1926.
- "Infantile Otitis Media." By Dr. Dana W. Drury. *Boston Medical and Surgical Journal*, January 21, 1926, Vol. 194, No. 3.
- "Consideration a propos d'examens auditifs de 500 personnes au Moyen de l'Audiometre." By Dr. Dana W. Drury. *De la Revue de Laryngologie d'Otologie et de Rhinologie*. No. 4, 28 February, 1926.
- "Vertigo: Its Incidence in Endocrine Disorders." By Dr. Dana W. Drury. Read at Dallas, Texas, American Medical Association. Transactions of the Section of Laryngology, Otology, and Rhinology, American Medical Association, 1926. *J. A. M. A.*, July 3, 1926, Vol. 87.
- "Progressive Deafness, The Causative Factors." By Dr. Dana W. Drury. *The Laryngoscope*, Vol. 36, No. 8, August, 1926.
- "Otosclerosis." By Dr. Dana W. Drury. *Annals of Otology, Rhinology, and Laryngology*. Vol. 35, No. 3, Annals of the American Laryngological, Rhinological, and Otological Society, 1926.
- "Dehiscence of the Floor of the Middle Ear." By Dr. Dana W. Drury. *B. M. and S. J.*, Vol. 195, No. 14.
- "Endocrine Factor in Otosclerosis." By Dr. Dana W. Drury. *Acta. Oto-Laryngologica*, Vol. X, fasc. 1, pp. 90-106.
- "The Esophagus in Pott's Disease and Scoliosis." By Dr. LeRoy A. Schall. To appear in the Annals of Otology, Rhinology, and Laryngology.
- "Hematoma of the Soft Tissues of the Throat, Necessitating Tracheotomy. A Tonsillectomy Complication." By Dr. LeRoy A. Schall. *The Laryngoscope*, September, 1926.
- "Section on Conservation of Vision." By Dr. J. Herbert Waite. For Rosenau's 5th Edition *Preventive Medicine and Hygiene*.
- "Saving Eyesight after Mid-Life." By Dr. J. Herbert Waite. Harvard Health Talk published by the Harvard University Press.
- "Urgent Treatment of Face and Jaw Injuries." By Dr. V. H. Kazanjian. *The Journal of the American Dental Association*, June, 1926.
- "Immediate Care and Treatment of Traumatic Injuries of the Mandible and Maxilla." By Dr. V. H. Kazanjian. *The Apollonia*, April, 1926.

SCIENTIFIC PAPERS

- "Nasal Deformities." By Dr. V. H. Kazanjian. Read before the New England Otological and Laryngological Society, Massachusetts General Hospital, March 31, 1926.
- "The Treatment of Complications of Surgical Diseases of the Mouth." By Dr. V. H. Kazanjian. Read before the Rhode Island Dental Society, Providence, R. I., April 14, 1926.
- "Face Injuries Resulting from Automobile Accidents." By Dr. V. H. Kazanjian. Read before the New Hampshire Dental Society, Concord, April 28, 1926.
- "War Injuries to the Upper Part of the Face." By Dr. V. H. Kazanjian. Read before the Military Section of the Seventh International Dental Congress, Philadelphia, August 24, 1926.
- "Unilateral Deformities of the Lower Jaw Due to Childhood Injuries." By Dr. V. H. Kazanjian. Read before the Maxillo-Facial Surgery and Surgical Prosthesis Section of the Seventh International Dental Congress, Philadelphia, August 25, 1926.
- "Abnormal Mouth Conditions—Their Surgical Treatment in Relation to Prosthesis." By Dr. V. H. Kazanjian. Read before the National Society of Denture Prosthesis, Philadelphia, August, 1926.

TABLE OF DISEASES

COMPILED FROM RECORDS

JANUARY 1, 1926 TO JANUARY 1, 1927

	HOUSE	OUT- PATIENT
SECTION I		
Specific Infectious Diseases	328	212
SECTION II		
Diseases Due to Animal Parasites	3	15
SECTION III		
Diseases of Metabolism	22	2
SECTION IV		
Diseases Peculiar to Infancy	151	144
SECTION V		
Diseases Due to Physical Agents	3	3
SECTION VII		
Tumors, Benign and Malignant	312	899
SECTION VIII		
Congenital Malformations	19	4
SECTION IX		
Injuries	40	11
SECTION X		
Special Skin Diseases	24	353
SECTION XI		
Diseases of the Circulatory System	14	208
SECTION XII		
Diseases of the Lymphatic System	19	39
SECTION XIII		
Diseases of the Blood and Blood-Forming Organs ..		1
SECTION XIV		
Diseases of the Ductless Glands	1	
SECTION XV		
Diseases of the Nervous System	52	87

TABLE OF DISEASES

OUT-
HOUSE PATIENT

SECTION XVI

Diseases of the Bones, Joints, Muscles, Tendons and
Fascia

21

3

SECTION XVII

Diseases and Injuries of the Eye and Ear:

Diseases of the Eye	2,573	30,458
A. General	353	17,491
B. Lids	59	2,044
C. Lacrimal Apparatus	76	387
D. Conjunctiva	96	3,852
E. Cornea	332	2,554
F. Anterior Chamber	26	36
G. Sclera	11	94
H. Lens	876	1,328
J. Uveal Tract	46	60
1. Iris	125	360
2. Ciliary Body	16	18
3. Choroid	4	220
K. Retina	39	208
L. Vitreous	58	252
M. Optic Nerve	44	312
N. Eyeball	172	209
O. Orbit	16	18
P. Disturbances of Motion	224	924
Diseases of the Ear	618	10,686
Q. General		115
R. Auricle	11	18
S. External Auditory Canal	17	3,906
T. Eustachian Tube		164
V. Middle Ear and Mastoid	577	6,464
W. Internal Ear	13	19

SECTION XVIII

Diseases of the Nose and Accessory Sinuses

936

251

SECTION XIX

Diseases of the Mouth, Lips, Cheeks, Pharynx, Tonsils,
and Palate

2,858

635

SECTION XX

Diseases of the Jaw, Teeth, and Gums

24

17

MASSACHUSETTS EYE AND EAR INFIRMARY

	HOUSE	OUT- PATIENT
SECTION XXI		
Diseases of the Tongue	2	
SECTION XXII		
Diseases of the Esophagus	59	1
SECTION XXIV		
Diseases of the Intestines	1	
SECTION XXV		
Diseases of the Liver and Gall Ducts	1	1
SECTION XXVII		
Diseases of the Abdomen and Peritoneum in General	1	
SECTION XXIX		
Diseases of the Larynx	17	4
SECTION XXX		
Diseases of the Trachea and Bronchi	49	2
SECTION XXXI		
Diseases of the Lungs	3	
SECTION XXXII		
Diseases of the Pleura and Mediastinum	4	
SECTION XXXIII		
Diseases of the Kidney and Ureter	6	
SECTION XL		
Anaphylaxis	1	
SECTION XLI		
Ill-Defined or Unclassified Diseases	58	982
	<hr/>	<hr/>
Totals	8,220	45,018

Form of a Bequest to the Infirmary

*I give and bequeath to the Massachusetts
Eye and Ear Infirmary of Boston, the sum
of dollars, to be applied to the uses
of said Infirmary.*

